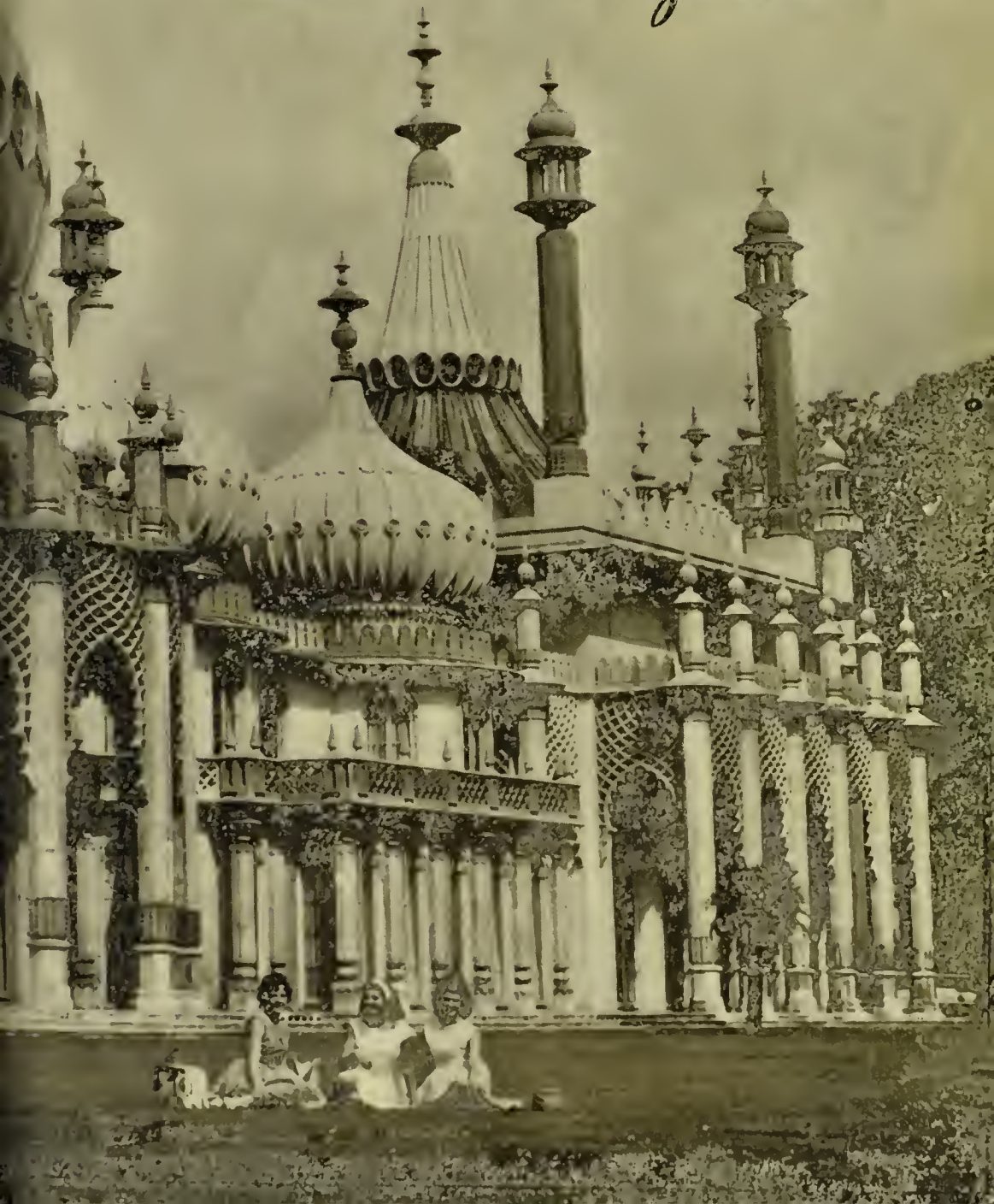
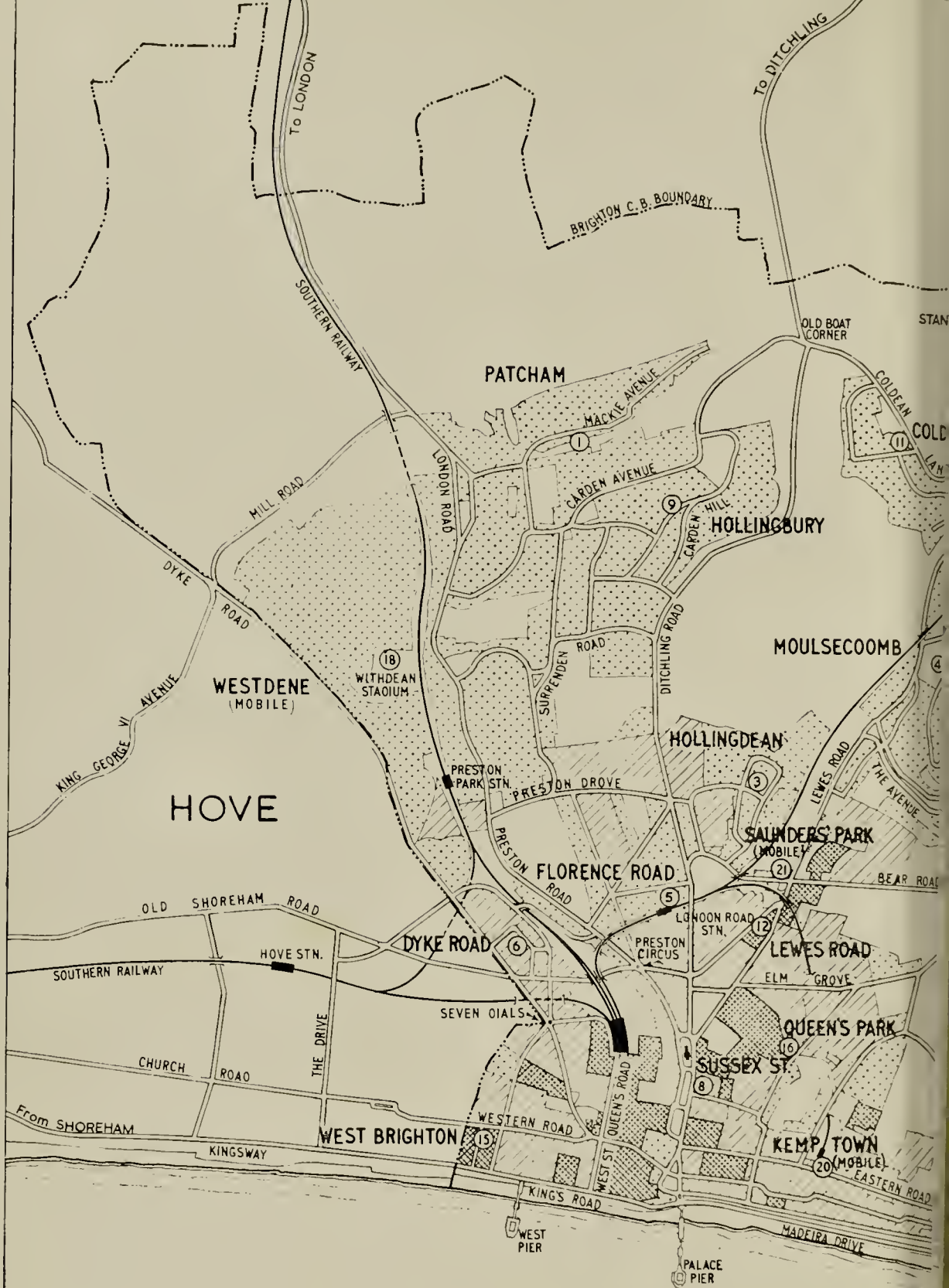


44146

44146

*The Health  
of  
Brighton*





SCALE OF MILES (Approximate)



D.J.HOWE, M.I.C.E., M.I.Mun.E.  
BOROUGH SURVEYOR, ENGINEER  
AND PLANNING OFFICER  
BRIGHTON

COUNTY BOROUGH OF BRIGHTON



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1963

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W. S. PARKER, V.R.D., Q.H.P., M.B., Ch.B., D.P.H., D.I.H.

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Health Department,  
Royal York Buildings,  
Old Steine,  
Brighton, 1,  
Sussex.

Telephone : Brighton 29801



August 1964

*To the Mayor, Aldermen and Councillors of the  
County Borough of Brighton*

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report as required by law. The details set out below are a record of the efficient and diligent work of your staff whose efforts I commend to you, mentioning in particular the leadership and guidance exercised by the Deputy Medical Officer of Health and the officers in charge of various sections of the Health Department.

In past years I have often reported that infectious disease has not given rise to trouble. There was a sharp reminder in March that the threat is always with us and is not to be taken lightly. The town was then faced with the consequences of the importation of infection from the Zermatt typhoid outbreak. Brighton was placed at risk when a restaurateur, returning from holiday, sickened with the disease but, in all innocence continued to work in his two impeccable catering establishments. The risk was all the greater because of his personal attention and service to his clientele. As soon as his condition was diagnosed as typhoid I suspended all his staff from work until declared typhoid-free and seized all his opened food stocks. By this means carriers and infected foods were at once eliminated and the restaurant and coffee-bar were then free to re-open immediately with infection-free staff and uncontaminated food and so provide an almost uninterrupted and safe service to the public. The public were taken into my confidence by the efforts of the local pressmen and newspapers. By this policy of keeping the townspeople informed there were no misunderstandings. I am happy to report that there were no secondary cases.

On May 27th, 1963, the Minister of Housing and Local Government issued Circular No. 37/63 on the desirability of adjusting the fluoride content of the public water supply in order to prevent dental decay. I am sufficiently conscious of my own personal interests when I recommended and still recommend fluoridation of the town water supply which my family will be drinking for many years to come. My report will be found on a later page.

I have to say with regret that although your members had been subject to an avalanche of anti-fluoride propaganda your Council considered the matter without medical advice. I am of the opinion that if the Council had had an opportunity of studying the official document of the Ministry of Health designed especially to help local authority elected members to make a decision about fluoride then they would have been in favour of the measure. I propose to report to you again on this subject. I trust the Council will permit me a hearing.

After several years' absence diphtheria appeared in Brighton in November 1963. By the greatest good fortune the four cases occurred among the boys in a residential school where almost everyone had been immunized and where the secluded conduct of the school reduced to a minimum the risk to others. The whole episode passed off without further incident.

By the end of 1963, 78 cases of infectious hepatitis had occurred. Dr. W. Bradley, formerly Principal Medical Officer of the Infectious Disease Section of the Ministry of Health, has joined the staff of the Health Department as a part-time consultant in infectious disease prevention and control to help with the study of the infection.

Dr. D. W. Quantrill, Senior Assistant Medical Officer, was appointed District Medical Officer of Health and Assistant County Medical Officer of Health for

the Isle of Wight and left to take up his new duties in September 1963. During his service in Brighton Dr. Quantrill made a valuable contribution to the work of the Maternity and Child Health Section of the Department.

The Ministry of Health appointed your Chief Nursing Officer, Mrs. Beith, to the newly-formed Council for the training of Health Visitors. This is the body which has formulated the New Syllabus and Examination Procedure which will be effective from September 1965. In addition Mrs. Beith has been elected nationally to the Public Health Section Central Sectional Committee of the Royal College of Nursing and National Council of Nurses.

In October the Chairman of the Health Committee (Councillor Dr. A. Sless) and your Medical Officer attended the International Conference of Mental Deficiency in Brussels. The meeting was of great value and a number of valuable contacts were made which will be of advantage in the future. At the same time the National Association for Mental Health recognized the 'Downs View' Training Centre for the subnormal as an establishment suitable for training student supervisors of the subnormal. This special recognition coming so soon after the opening of 'Downs View' is a confirmation of the high standards of work by your staff at the Centre.

Doctors who specialize in Public Health are required to qualify by taking the Diploma in Public Health without which they are not legally able to hold the post of Medical Officer of Health. For a number of years your Health Department has collaborated with the London School of Hygiene and Tropical Medicine by providing demonstrations and practical experience of the public health problems of a seaside town. 33 doctors attended on 21st May and visited the caravan site, discussed the problem of beach pollution, infectious disease control and mental health among a number of other subjects. His Worship the Mayor, Alderman W. H. G. Button, J.P., was their host at lunch. I am pleased to be able to report that I have received a number of favourable comments from the visiting doctors.

Students from the London Medical Schools hold an Annual Stroll from London to Brighton in May. This 52-mile walk appears to be a piece of student ebullience. Behind it lies a quite important piece of physiological research and special tests are carried out on student volunteers. The Health Department collaborated by providing facilities for the scientists to examine volunteers on arrival in Brighton. It may be mentioned here that a similar fashion for walking from London to Brighton developed amongst Corporation staff which received some publicity. Two members of your staff initiated this and it was followed by other departments.

Grateful acknowledgment is made to the following for their help and collaboration in the common task of promoting the health of our townspeople:

The Chief Officers of the Corporation;

The family doctors of Brighton;

The hospital services and staff;

Dr. J. E. Jameson and the staff of the Public Health Laboratory and our many voluntary organizations.

I conclude by thanking the Health Committee for their encouragement and support which has greatly helped me in my task.

Yours faithfully,

W. S. PARKER,

*Medical Officer of Health.*

## Prevention of Dental Decay

Last year National Health Service dental treatment in Brighton cost £315,000, of which £250,000 fell on the taxpayer. With a proper plan of preventive action this ever-rising annual figure could be cut by half over a period of years. Repeated and intensive inspection of children's teeth shows that nearly two out of every three children in this country suffer from dental decay and are in need of treatment.

(1) It is fortunately within the power of your Committee to combat this state of affairs by an enlightened conjoined programme of action for positive dental health for children. This programme should consist of three inter-linked parts, none of which can be fully effective without the others. The first is adequate dental health education of the general population both in their own interest and so that they can better safeguard their children. The second is a concerted effort to deal with the early dental care of every child from the age of three. The third is to take advantage of the scientific discovery that fluoridation of the public water supply is a basic preventive health measure. All three aspects of this single problem are interdependent and will lose their effect if not co-ordinated. It is most opportune that the Health Committee is entrusted with the responsibility for initiating the three necessary steps to protect young children. You are responsible for health education in Brighton, you provide dental care for mothers and young children and you control the powers under Section 28 of the National Health Service Act, 1946, by which you are able to arrange the additional fluoridation of the water supply as has already been done by our neighbour, West Sussex. I am able to inform you in advance that the Minister of Health will approve a proposal from Brighton similar to that of West Sussex. In offering you my professional advice on fluoridation I am happy to say that I have the unanimous support of the Medical Officers of Health of Sussex.

The other aspects of the scheme will be given detailed attention when the new Principal Dental Officer has taken up his appointment.

(2) Comprehensive studies under the aegis of the World Health Organization have confirmed that much dental misery, pain and disease can be prevented if children receive regularly from before birth a small dose of fluoride which then causes resistance to a great proportion of dental decay. To be effective sufficient fluoride must be provided for all without any conscious effort and without the responsibility of remembering the need for administration to the expectant mother and then to the child: if any effort, mental or physical, is involved in taking fluoride then the children of the feckless and the irresponsible will be the first to suffer. Furthermore, the fluoride is best given so that the unborn child absorbs it from the first weeks of existence in the womb, almost before the mother realizes that she is pregnant. It is for this reason that any suggestion of giving fluoride by tablet or other independent dose at once becomes useless as a universal preventive measure in the same way that official cod-liver oil and orange juice has been too often neglected by those whose children need it most.

(3) The only feasible way of reaching all children adequately and in good time irrespective of their family circumstances and way of life is to make arrangements for a minute and harmless amount of fluoride to be present in the water supply so that gradual and regular absorption is achieved.

(4) Projects for fluoridation of the public water supply have been provided in Britain and other countries, the underlying principle being to bring the present fluoride content of the water up to 1 part per million. No harmful effects have been demonstrated either in the parts of England like Maldon in Essex where fluoride in the required proportion occurs naturally in the water supply or in Hartlepool where the natural fluoride is well above the amount suggested and

yet has been consumed for generations. Nor have any harmful effects been noted in those trial water supply areas where the fluoride content of the water has been artificially raised to 1 part per million which is the figure I recommend.

(5) I do not feel that any ordinary person would raise objections on medical grounds when the procedure has been examined and passed the expert scrutiny of and has been endorsed by, the World Health Organization, the Ministry of Health, the British Medical Association, the British Dental Association and the Society of Medical Officers of Health. The unfounded allegations of illness, which incidentally have never been observed at Maldon or Hartlepool, are almost identical with those which were raised by the opponents of vaccination years ago and which were not produced to me during the Brighton smallpox outbreak but only after it had been dealt with. Under similar circumstances your own Children's Committee is on record as having refused to allow me to immunize the children in their care against poliomyelitis. You will have observed that in the recent avalanche of anti-fluoride literature the authors, with rare exceptions, have no medical qualifications by which they can support their allegations.

(6) Objection has also been raised on ethical grounds. While due consideration should be given to those objections, this minority of objectors has no special claim to intervene and prevent the protection of the children of the majority of the population who are prepared to accept responsible medical advice and action. Nevertheless, the consciences of this minority should not be unnecessarily disturbed and I am examining with the Water Engineer the details of making available for these conscientious objectors water for drinking free of chemical additives. This concession will entirely meet their personal ethical objections and still mean that the majority can have their children's teeth saved from decay. You will note that my proposal is not to add a new substance to your water supply. Brighton water already contains a minute amount of fluoride. All I wish to do is to increase this amount to the ideal quantity for dental protection.

(7) If the Committee, after examining this report, expresses confidence in the advice of its Medical Officer of Health on a conjoined scheme comprising dental health education, the preparation of a plan for the intensive dental care of young children and that, in accordance with the recommendations of the Ministry of Health, supported by the Association of Municipal Corporations and the County Councils' Association, the public water supply should have additional fluoride added to it to bring it to the ideal standard for preventing dental decay of one part per million, then the appropriate action would appear to be as follows:—

- (a) A resolution accepting the conjoined dental protection plan, including as an essential the additional fluoridation of the water supply, as a public health measure and requiring the matter to be brought to the notice of the Water Committee for their observations on the technical aspects of fluoridation with a view to the implementation of the project which the Waterworks Engineer informs me is, subject to certain conditions, completely feasible.
- (b) When final approval of this health measure is achieved in Brighton then the financial implications can be examined with the other local health authorities concerned, namely the County Councils of East and West Sussex who would be required to reimburse the Brighton Corporation for their share of the cost where Brighton water was supplied to their areas.

(8) When considering the financial as opposed to the direct health aspect of this report the Committee should bear in mind the present outlay of £315,000 a

year in Brighton for dental treatment against £7,000 for providing a fluorided water supply. If the Committee act then they will reduce the dental decay in the population by half starting with the children born the year after fluoridation. The annual cost per head for prevention is under a shilling as opposed to £2. 0s. 0d. per head for treatment. Under these circumstances I suggest that my proposed insurance of fluoridation of the water supply is a true financial and humanitarian economy.

(9) The Waterworks Engineer informs me that the costs would be as follows:

|                                       |     |     |     |     |     |     |     |         |
|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|---------|
| Initial outlay                        | ... | ... | ... | ... | ... | ... | ... | £24,000 |
| Annual inclusive cost of fluoridation | ... | ... | ... | ... | ... | ... | ... | £15,000 |

The charges to East and West Sussex would be as follows:—

Initial outlay E.S.C.C. £8,300; W.S.C.C. £3,400; Total £11,700.

Annual charge E.S.C.C. £5,200; W.S.C.C. £2,100; Total £7,300.

The final Brighton cost would therefore be:—

|                                       |     |     |     |     |     |     |     |         |
|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|---------|
| Initial outlay                        | ... | ... | ... | ... | ... | ... | ... | £12,300 |
| Annual inclusive cost of fluoridation | ... | ... | ... | ... | ... | ... | ... | £7,700  |

The Waterworks Engineer has indicated that at a selected future date there would also be a charge to Brighton of £5,000 for installation of instruments at the existing stations.

*(Reprinted from the Brighton Council Agenda for October 1963)*



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**MEMBERS OF COMMITTEES ON 31st DECEMBER 1963****Health Committee**

|                                                          |                           |
|----------------------------------------------------------|---------------------------|
| HIS WORSHIP THE MAYOR<br>(COUNCILLOR S. D. DEASON, J.P.) | COUNCILLOR T. A. MARKHAM  |
| ALDERMAN A. V. NICHOLLS                                  | „ Mrs C. L. E. NETTLETON  |
| „ A. J. SADLER                                           | „ H. NETTLETON            |
| COUNCILLOR G. B. BALDWIN                                 | „ Dr. A. SLESS (Chairman) |
| „ R. BATES                                               | „ Mrs. H. P. SOMERVILLE   |
| „ A. W. BRIGGS                                           | Miss E. B. HYSLOP         |
| „ Mrs. B. CARROLL                                        | Mr. J. JACKSON            |
| „ G. R. CARTER                                           | Mr. F. MARTIN             |
| „ N. P. DHOLAKIA                                         | Dr. L. J. BEYNON          |
| „ Mrs. V. G. HARMER                                      | Dr. H. G. PAGE            |
| „ G. W. HUMPHREY                                         | Mr. J. J. LOUGHRAN        |
|                                                          | Mr. M. J. GILKES          |

**Health (General Purposes) Sub-Committee**

|                                                          |                           |
|----------------------------------------------------------|---------------------------|
| HIS WORSHIP THE MAYOR<br>(COUNCILLOR S. D. DEASON, J.P.) | COUNCILLOR Mrs. NETTLETON |
| COUNCILLOR BALDWIN                                       | „ NETTLETON (Chairman)    |
| „ CARTER                                                 | „ Mrs. SOMERVILLE         |
| „ Mrs. CARROLL                                           | „ Dr. SLESS               |
| „ HARMER                                                 | Dr. L. J. BEYNON          |
| „ HUMPHREY                                               | Miss E. B. HYSLOP         |

**PUBLIC HEALTH OFFICERS**

Medical Officer of Health:

W. S. PARKER, *V.R.D., Q.H.P.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Deputy Medical Officer of Health:

W. H. ALLEN, B.Sc., M.B., B.Ch., D.C.H., D.P.H.

Senior Assistant Medical Officer of Health:

MARGARET GORDON SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.

D. W. QUANTRILL, M.B., Ch.B., D.P.H., D.T.M. & H., D.R.C.O.G. (resigned 8th Sept.)

Assistant Medical Officers of Health:

MAXINE STANIFORD, M.B., Ch.B., D.P.H.

\*MURIEL G. WARREN BROWNE, M.B., Ch.B.

\*BERYL P. EADIE, B.Sc., M.B., B.Ch.

\*ANN GIDDINS, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.

\*MARY M. HAY, L.R.C.P., L.R.C.S., L.R.F.P.S.

\*DAPHNE M. HUNT, M.B., B.Chir., M.R.C.S., L.R.C.P.

\*BARBARA J. NEWMAN, M.B., B.S.

\*MARGERY F. RAEBURN, M.B., Ch.B.

\*KATHLEEN E. STEVENS, M.B., B.S.

Consultant Chest Physician: G. H. C. WALMSLEY, M.B., Ch.B., D.P.H.

Assistant Chest Physician: F. B. MEADE, M.B., B.S., M.R.C.P.

Public Analyst: \*T. E. RYMER, F.R.I.C.

Veterinary Officer: \*S. GOURLEY, M.R.C.V.S.

Chief Public Health Inspector: R. S. CROSS, F.R.S.H., F.S.I.A.

Chief Nursing Officer: Mrs. E. BEITH, S.R.N., C.M.B. (Part 1), H.V.Cert.

Superintendent Midwife: Mrs. M. WOOD, S.R.N., S.C.M.

Chief Administrative Mental Welfare Officer: T. RASMUSSEN

Chief Ambulance Officer: A. J. SUMPTER, F.I.A.O.

Domestic Help Supervisor: Miss M. I. HUMPHERSON

Chief Clerk: R. ASPDEN, D.P.A.

\* Part-time

## VITAL AND GENERAL STATISTICS 1963

|                                                                               |             |
|-------------------------------------------------------------------------------|-------------|
| Home population Mid-year (Registrar-General's estimated figure) ... ..        | 162,910     |
| Area (in acres) ... ..                                                        | 14,613      |
| Number of houses and flats (including dwellings over shops) at 1st April 1963 | 55,248      |
| Rateable value of Borough at 1st April 1963 ... ..                            | £10,821,213 |
| Estimated product of the rate of one penny 1963-64 ... ..                     | £43,350     |
| Marriages, 1,318. Rate per 1,000 population, 8.09.                            |             |

|                     |       |         |       |
|---------------------|-------|---------|-------|
| Live births:        | Males | Females | Total |
| Legitimate ... ..   | 1103  | 1081    | 2184  |
| Illegitimate ... .. | 129   | 133     | 262   |
|                     | 1232  | 1214    | 2446  |

|                                               |       |                                       |                                    |                     |
|-----------------------------------------------|-------|---------------------------------------|------------------------------------|---------------------|
|                                               |       |                                       | Area comparability factor (births) | Adjusted birth rate |
| Live birth rate (per 1,000 population) ... .. | 15.01 | 1.11                                  | 16.51                              |                     |
| „ „ „ (England and Wales) ... ..              |       |                                       | 18.2                               |                     |
|                                               |       | Rate per 1000 (live and still) births | Rate per 1000 population           |                     |
| Stillbirths—total ... ..                      | 32    | 13                                    | 0.20                               |                     |
| „ „ (England and Wales) ... ..                | 15074 | 17                                    | 0.32                               |                     |

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| Total live and stillbirths ... ..                               | 2478  |
| Infant deaths (legitimate 40; illegitimate 7) ... ..            | 47    |
| Infant mortality rate per 1,000 live births—total ... ..        | 19.2  |
| „ „ „ „ „ (England and Wales) ... ..                            | 20.9  |
| „ „ „ „ „ legitimate live births ... ..                         | 18    |
| „ „ „ „ „ illegitimate live births... ..                        | 27    |
| Neonatal mortality rate per 1,000 live births ... ..            | 14    |
| „ „ „ „ „ „ „ „ (England and Wales) ... ..                      | 14.2* |
| Early neonatal mortality rate per 1,000 live births ... ..      | 12    |
| Perinatal mortality rate per 1,000 live and still births ... .. | 25    |
| „ „ „ „ „ „ „ „ „ (England and Wales) ... ..                    | 29.3* |
| Illegitimate live births per cent of total live births ... ..   | 11    |
| Maternal deaths (including abortion) ... ..                     | 1     |
| Maternal mortality rate per 1,000 live and still births ... ..  | 0.40  |
| „ „ „ „ „ „ „ „ „ (England and Wales) ... ..                    | 0.28* |

\*Provisional

|                                          |       |                                    |                     |
|------------------------------------------|-------|------------------------------------|---------------------|
|                                          |       | Area comparability factor (deaths) | Adjusted death rate |
| Deaths ... ..                            | 2,667 |                                    |                     |
| Death rate (per 1,000 population) ... .. | 16.37 | 0.74                               | 12.11               |
| „ „ (England and Wales) ... ..           |       |                                    | 12.2                |

### Causes of Death (Registrar General's Return)

|            |                                         |     |     |     |     |     | Males | Females | Total |
|------------|-----------------------------------------|-----|-----|-----|-----|-----|-------|---------|-------|
| 1          | Tuberculosis of Respiratory System      | ... | ... | ... | ... | ... | 10    | 2       | 12    |
| 2          | Other forms of Tuberculosis             | ... | ... | ... | ... | ... | 2     | 2       | 4     |
| 3          | Syphilitic Disease                      | ... | ... | ... | ... | ... | 2     | 2       | 4     |
| 4          | Diphtheria                              | ... | ... | ... | ... | ... | —     | —       | —     |
| 5          | Whooping Cough                          | ... | ... | ... | ... | ... | —     | —       | —     |
| 6          | Meningococcal Infections                | ... | ... | ... | ... | ... | 1     | —       | 1     |
| 7          | Acute Poliomyelitis                     | ... | ... | ... | ... | ... | —     | —       | —     |
| 8          | Measles                                 | ... | ... | ... | ... | ... | —     | —       | —     |
| 9          | Other infective and parasitic diseases  | ... | ... | ... | ... | ... | 3     | 1       | 4     |
| 10         | Malignant Neoplasm of Stomach           | ... | ... | ... | ... | ... | 32    | 28      | 60    |
| 11         | Malignant Neoplasm of Lung or Bronchus  | ... | ... | ... | ... | ... | 91    | 31      | 122   |
| 12         | Malignant Neoplasm of Breast            | ... | ... | ... | ... | ... | —     | 45      | 45    |
| 13         | Malignant Neoplasm of Uterus            | ... | ... | ... | ... | ... | —     | 22      | 22    |
| 14         | Other malignant and lymphatic neoplasms | ... | ... | ... | ... | ... | 107   | 133     | 240   |
| 15         | Leukaemia and Aleukaemia                | ... | ... | ... | ... | ... | 8     | 9       | 17    |
| 16         | Diabetes                                | ... | ... | ... | ... | ... | 4     | 9       | 13    |
| 17         | Vascular lesions of nervous system      | ... | ... | ... | ... | ... | 157   | 218     | 375   |
| 18         | Coronary disease, Angina                | ... | ... | ... | ... | ... | 304   | 197     | 501   |
| 19         | Hypertension with heart disease         | ... | ... | ... | ... | ... | 20    | 23      | 43    |
| 20         | Other heart disease                     | ... | ... | ... | ... | ... | 113   | 241     | 354   |
| 21         | Other circulatory disease               | ... | ... | ... | ... | ... | 53    | 54      | 107   |
| 22         | Influenza                               | ... | ... | ... | ... | ... | 8     | 9       | 17    |
| 23         | Pneumonia                               | ... | ... | ... | ... | ... | 70    | 98      | 168   |
| 24         | Bronchitis                              | ... | ... | ... | ... | ... | 103   | 53      | 156   |
| 25         | Other diseases of respiratory system    | ... | ... | ... | ... | ... | 8     | 9       | 17    |
| 26         | Ulcer of stomach and duodenum           | ... | ... | ... | ... | ... | 6     | 6       | 12    |
| 27         | Gastritis, enteritis and diarrhoea      | ... | ... | ... | ... | ... | 4     | 11      | 15    |
| 28         | Nephritis and nephrosis                 | ... | ... | ... | ... | ... | 5     | 4       | 9     |
| 29         | Hyperplasia of prostate                 | ... | ... | ... | ... | ... | 17    | —       | 17    |
| 30         | Pregnancy, childbirth, abortion         | ... | ... | ... | ... | ... | —     | 1       | 1     |
| 31         | Congenital malformations                | ... | ... | ... | ... | ... | 14    | 7       | 21    |
| 32         | Other defined and ill-defined disease   | ... | ... | ... | ... | ... | 75    | 120     | 195   |
| 33         | Motor vehicle accidents                 | ... | ... | ... | ... | ... | 8     | 6       | 14    |
| 34         | All other accidents                     | ... | ... | ... | ... | ... | 26    | 41      | 67    |
| 35         | Suicide                                 | ... | ... | ... | ... | ... | 12    | 21      | 33    |
| 36         | Homicide and operations of war          | ... | ... | ... | ... | ... | —     | 1       | 1     |
| All causes |                                         |     |     |     |     |     | 1263  | 1404    | 2667  |

### Deaths in Age Groups

| Age groups | Under 1 | 1-4 | 5-14 | 15-24 | 25-44 | 45-64 | 65-74 | 75+  | Total |
|------------|---------|-----|------|-------|-------|-------|-------|------|-------|
| Totals     | 47      | 5   | 4    | 10    | 57    | 493   | 680   | 1371 | 2667  |

**Cancer of lung.** Percentage of all cancer deaths: male 40, female 12.

Details of cancer and bronchitis deaths in the area are circulated monthly to members of the Health Committee and General Practitioners.

# DEATHS OF INFANTS

RATE PER 1,000 ADJUSTED LIVE BIRTHS

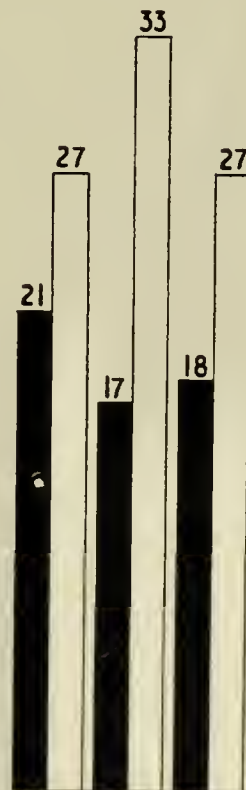
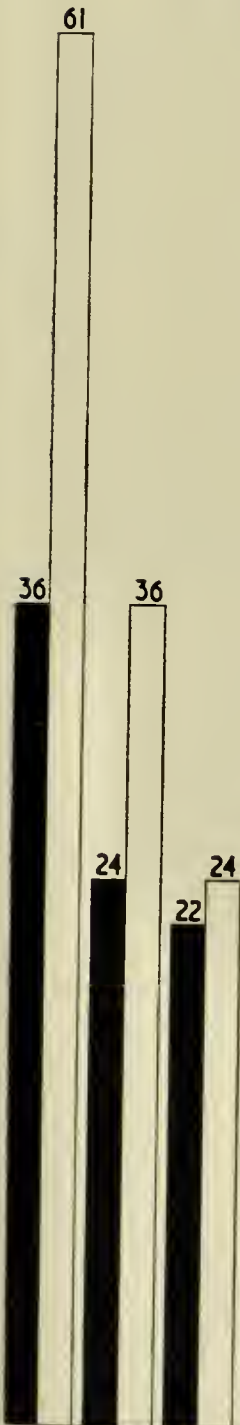
LEGITIMATE —   
 ILLEGITIMATE —

## QUINQUENNIAL AVERAGES

## ANNUAL FIGURES

1946 - 1950  
 1951 - 1956  
 1956 - 1960

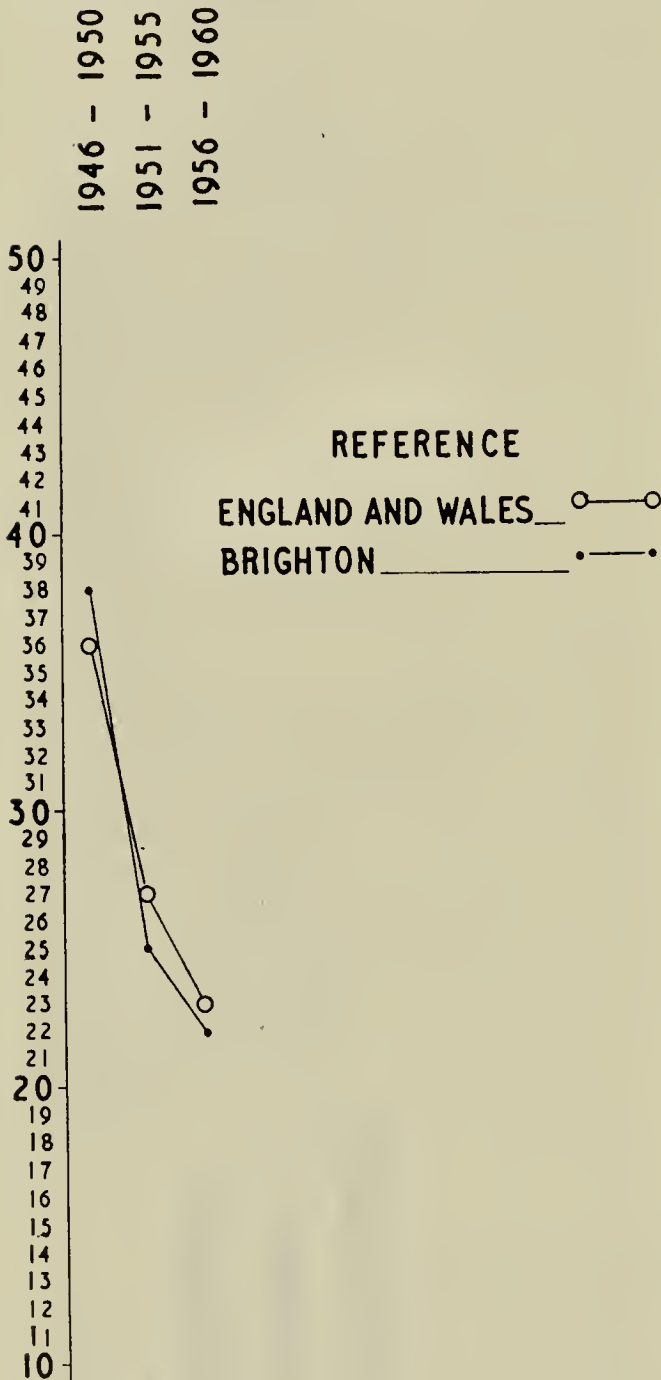
1961  
 1962  
 1963



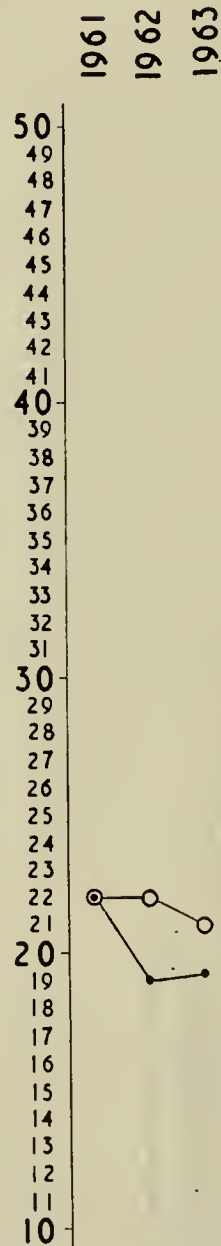
# INFANT MORTALITY

RATE PER 1,000 ADJUSTED LIVE BIRTHS

## QUINQUENNIAL AVERAGES



## ANNUAL FIGURES



CHILD WELFARE CENTRES:

18 19 20

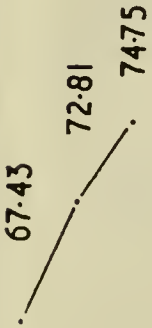
No. OF HEALTH VISITORS:

23 22 20

# DEATH RATES CHANGES

## QUINQUENNIAL AVERAGES

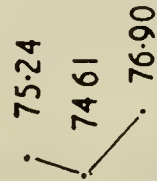
1946 - 1950  
1951 - 1955  
1956 - 1960



### DEATHS 65 YEARS AND OVER EXPRESSED AS PERCENTAGE OF TOTAL DEATHS

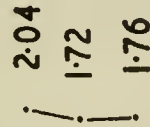
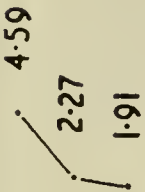
## ANNUAL FIGURES

1961  
1962  
1963



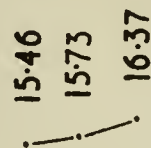
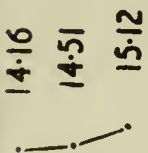
### DEATHS OF INFANTS

EXPRESSED AS PERCENTAGE OF TOTAL DEATHS



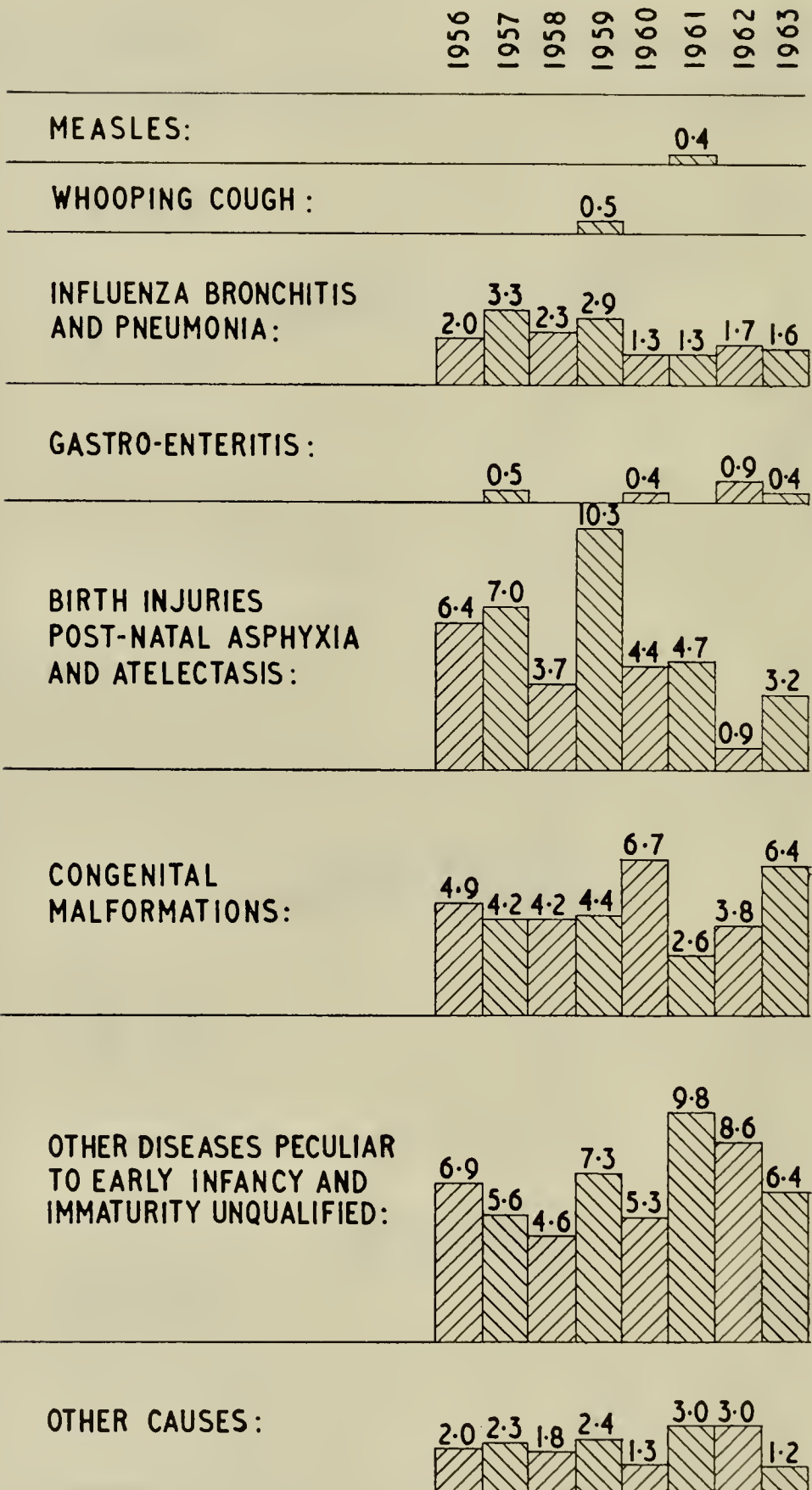
### DEATH RATE

PER THOUSAND POPULATION



# INFANT MORTALITY

RATE PER 1,000 ADJUSTED LIVE BIRTHS



INFANT MORTALITY, 1963.—*Net Deaths from stated causes at various ages under One Year of Age.*

| CAUSE OF DEATH                                    | Under 1 Week |       | Week 1 |       | Weeks 2 |       | Weeks 3 |       | Total under 4 Weeks |       | 1 Month | 2 Months | 3 Months | 4 Months | 5 Months | 6 Months | 7 Months | 8 Months | 9 Months | 10 Months | 11 Months | Total Deaths under one Year |
|---------------------------------------------------|--------------|-------|--------|-------|---------|-------|---------|-------|---------------------|-------|---------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------------------------|
|                                                   | M. F.        | M. F. | M. F.  | M. F. | M. F.   | M. F. | M. F.   | M. F. | M. F.               | M. F. | M. F.   | M. F.    | M. F.    | M. F.    | M. F.    | M. F.    | M. F.    | M. F.    | M. F.    | M. F.     | M. F.     |                             |
| Gastro enteritis ...                              | ...          | ...   | ...    | ...   | ...     | ...   | ...     | ...   | 1                   | ...   | ...     | ...      | ...      | ...      | ...      | ...      | ...      | 1        | ...      | ...       | ...       | 1                           |
| Disease of circulatory system ...                 | 1            | ...   | ...    | ...   | ...     | ...   | ...     | ...   | ...                 | ...   | ...     | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 1                           |
| Post-natal asphyxia and atelectasis ...           | 4            | 3     | ...    | ...   | ...     | ...   | ...     | ...   | 4                   | 3     | ...     | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 7                           |
| Congenital malformation of circulatory system ... | 2            | 1     | 1      | 2     | 1       | ...   | ...     | ...   | 5                   | 2     | 1       | 1        | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 9                           |
| Spina bifida and meningocele ...                  | 1            | 1     | 1      | ...   | ...     | ...   | ...     | ...   | 2                   | 1     | ...     | ...      | ...      | 1        | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 3                           |
| Other congenital malformations                    | ...          | 1     | ...    | ...   | ...     | ...   | ...     | ...   | ...                 | ...   | ...     | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 2                           |
| Haemolytic disease of newborn                     | 2            | ...   | ...    | ...   | ...     | ...   | ...     | ...   | 2                   | ...   | ...     | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 2                           |
| Immaturity ...                                    | 11           | 3     | ...    | ...   | ...     | ...   | ...     | ...   | 11                  | 3     | ...     | ...      | ...      | ...      | ...      | 1        | ...      | ...      | ...      | ...       | ...       | 14                          |
| Accidental asphyxia ...                           | ...          | ...   | ...    | ...   | ...     | ...   | ...     | ...   | ...                 | ...   | 2       | 1        | ...      | ...      | ...      | ...      | 1        | ...      | ...      | ...       | ...       | 2                           |
| Pneumonia ...                                     | ...          | ...   | ...    | ...   | ...     | ...   | ...     | ...   | ...                 | ...   | ...     | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 4                           |
| Birth injury ...                                  | 1            | ...   | ...    | ...   | ...     | ...   | ...     | ...   | 1                   | ...   | ...     | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 1                           |
| Hydrocephalus ...                                 | ...          | ...   | ...    | ...   | ...     | ...   | ...     | ...   | ...                 | ...   | ...     | 1        | ...      | ...      | ...      | ...      | ...      | ...      | ...      | ...       | ...       | 2                           |
|                                                   | 22           | 7     | 1      | 2     | 2       | 1     | ...     | ...   | 26                  | 9     | 3       | 2        | 2        | ...      | 3        | 1        | 1        | 1        | ...      | ...       | ...       | 48*                         |

\* This figure is of deaths occurring during the year as distinct from the Registrar-General's figure of deaths registered during the year.

## Diseases Notified during the Year 1963

| Diseases Notified during the Year 1963 |             |         |               |     |      |       |       |       |       |                               |
|----------------------------------------|-------------|---------|---------------|-----|------|-------|-------|-------|-------|-------------------------------|
| NOTIFIABLE DISEASE                     | At all ages | Under 1 | Age Incidence |     |      |       |       |       |       | Removed to Isolation Hospital |
|                                        |             |         | 1             | 2   | 3    | 4     | 5-9   | 10-14 | 15-24 |                               |
| Scarlet fever ...                      | 77          | —       | 9             | 3   | 13   | 12    | 33    | 3     | 4     | 3                             |
| Whooping cough ...                     | 198         | 19      | 25            | 30  | 20   | 17    | 67    | 13    | 2     | 14                            |
| Ac.poliomyelitis: paralytic ...        | —           | —       | —             | —   | —    | —     | —     | —     | —     | —                             |
| non-paralytic... ..                    | —           | —       | —             | —   | —    | —     | —     | —     | —     | —                             |
| Measles ... ..                         | 2057        | 76      | 198           | 250 | 239  | 294   | 911   | 57    | 27    | 25                            |
| Diphtheria ... ..                      | 4           | —       | —             | —   | —    | —     | —     | 4     | —     | 2                             |
| Ophthalmia neonatorum ...              | 8           | —       | —             | —   | —    | —     | —     | —     | —     | —                             |
| Puerperal pyrexia... ..                | 21          | —       | —             | —   | —    | —     | —     | —     | 12    | —                             |
| Dysentery ... ..                       | 247         | 9       | 18            | 20  | 18   | 14    | 69    | 25    | 22    | 26                            |
| Meningococcal infection ...            | 3           | 2       | —             | —   | 1    | —     | —     | —     | —     | —                             |
| Smallpox ... ..                        | —           | —       | —             | 0-5 | 5-14 | 15-44 | 45-64 | 65+   | —     | —                             |
| Ac. pneumonia ... ..                   | 110         | —       | —             | 22  | 10   | 23    | 24    | 3i    | —     | 19                            |
| Ac. encephalitis ... ..                | 6           | —       | —             | 1   | 4    | 1     | —     | —     | —     | 6                             |
| Enteric or typhoid fever ...           | —           | —       | —             | —   | —    | —     | —     | —     | —     | —                             |
| Paratyphoid fevers ... ..              | 1           | —       | —             | —   | 1    | —     | —     | —     | —     | —                             |
| Erysipelas ... ..                      | 5           | —       | —             | —   | —    | —     | 1     | 4     | —     | 2                             |
| Malaria ... ..                         | —           | —       | —             | —   | —    | —     | —     | —     | —     | —                             |
| Food poisoning ... ..                  | 8           | —       | —             | 1   | 2    | 2     | 2     | 1     | —     | 4                             |
| Tuberculosis (see p. 37)               | —           | —       | —             | —   | —    | —     | —     | —     | —     | —                             |
| Anthrax ... ..                         | —           | —       | —             | —   | —    | —     | —     | —     | —     | —                             |
| Infective Hepatitis ... ..             | 78          | —       | —             | 5   | 35   | 28    | 5     | 5     | —     | 15                            |

## INFECTIOUS DISEASES AND EPIDEMIOLOGY

The following figures show the incidence of infectious diseases notified to this Department and confirmed during 1963.

Infectious diseases diagnosed in hospitals within the Borough are notified by them irrespective of whether or not the person is normally resident within the area. This accounts for a number of cases included in the figures set out below and coming from addresses outside the Borough.

| Disease                      | 1963 | 1962 | Disease                     | 1963  | 1962 |
|------------------------------|------|------|-----------------------------|-------|------|
| Scarlet fever ... ..         | 77   | 59   | Measles ... ..              | 2,057 | 260  |
| Poliomyelitis ... ..         | —    | —    | Puerperal Pyrexia... ..     | 21    | 44   |
| Ophthalmia Neonatorum...     | 8    | 5    | Dysentery ... ..            | 247   | 93   |
| Acute Pneumonia ... ..       | 110  | 50   | Erysipelas ... ..           | 5     | 8    |
| Paratyphoid ... ..           | 1    | —    | Food Poisoning ... ..       | 8     | 58   |
| Whooping Cough ... ..        | 198  | 72   | Acute encephalitis...       | 6     | 1    |
| Diphtheria ... ..            | 4    | —    | Meningococcal infection ... | 3     | —    |
| Malaria ... ..               | —    | 1    | Infective hepatitis...      | 78    | 44   |
| Enteric or typhoid fever ... | —    | 1    |                             |       |      |

### *Food Poisoning*

During the year 71 cases of suspected food poisoning were notified of which eight cases were confirmed after investigation by the Department and the Public Health Laboratory Service. The agents identified were:—

|                                   |   |
|-----------------------------------|---|
| <i>Salmonella Bovis</i> ... ..    | 1 |
| „ <i>typhi murium</i> ... ..      | 1 |
| „ <i>breddeney</i> ... ..         | 1 |
| „ <i>Heidelberg</i> ... ..        | 3 |
| <i>Salmonellosis</i> ... ..       | 1 |
| (unknown type)                    |   |
| <i>Clostridium Welchii</i> ... .. | 1 |

### *Encephalitis*

The six cases notified were all post-infectious:

four following mumps; two following chickenpox.

### *Measles*

2,057 cases were notified and there was not one week in the year clear of notifications.

During the year the Public Health Laboratory Service, in collaboration with Medical Officers of a number of the large towns in England and Wales, including Brighton, conducted an inquiry into the incidence of serious complications of measles. This information was required to assess the need of measles vaccination.

### *Diphtheria*

A throat infection was found to be affecting a number of children at a boys' boarding school and on examination it was revealed that throat swabs from one pupil were positive for diphtheria organisms. Further examination showed that there were three other healthy carriers in the school. All cases were isolated until negative specimens were obtained. Fortunately most of the members of the establishment had been immunised against the disease and no further cases occurred.

*Infective Hepatitis*

78 cases were notified.

The investigation mentioned in my report for 1962 continued during the year.

*Dysentery*

247 cases were notified during the year. 26 cases were removed to hospital. All areas of the town were affected.

*Distribution of dysentery cases by quarters*

|                            |     |     |     | Male | Female |
|----------------------------|-----|-----|-----|------|--------|
| 1st January–31st March     | ... | ... | ... | 33   | 26     |
| 1st April –30th June...    | ... | ... | ... | 87   | 92     |
| 1st July –30th September   | ... | ... | ... | 5    | 2      |
| 1st October –31st December | ... | ... | ... | 1    | 1      |
|                            |     |     |     | 126  | 121    |

*Distribution of dysentery cases by age groups*

|              |     |     |     |
|--------------|-----|-----|-----|
| Under 1 year | ... | ... | 10  |
| 1– 4 years   | ... | ... | 70  |
| 5– 9 years   | ... | ... | 67  |
| 10–14 years  | ... | ... | 25  |
| 15–24 years  | ... | ... | 21  |
| 25+    ...   | ... | ... | 54  |
|              |     |     | 247 |

The spread was mainly in the infants' and junior schools and the 1-4 year age group were mostly in households where other children in the family were attending infants' and junior schools. The increase in the 25+ age group is accounted for by the fact that this infection occurred in parents, particularly mothers of young children.

*Acute Primary Pneumonia*

110 cases were notified. 19 cases were removed to hospital. This is the highest incidence of acute primary pneumonia for ten years.

*Acute Poliomyelitis*

For the second successive year no cases of poliomyelitis were notified to this Department.

*Typhoid Fever*

One case, a non-resident, was reported. The patient who owned two catering establishments in Brighton returned from Zermatt, Switzerland, where he was infected, on 28th February and was actively engaged in his two food premises until 16th March. The staff were excluded from work until they were cleared of possible infection. Compensation was paid for loss of wages and for food condemned. No secondary cases occurred.

*Generalised Vaccinia*

No cases were reported.

*Venereal Diseases*

New local cases treated at the Brighton Special Treatment Centre.

|                  |     |     |     | 1963 |     | 1962 |    |
|------------------|-----|-----|-----|------|-----|------|----|
|                  |     |     |     | M    | F   | M    | F  |
| Syphilis         | ... | ... | ... | 13   | 6   | 8    | 5  |
| Gonorrhoea       | ... | ... | ... | 113  | 40  | 102  | 30 |
|                  |     |     |     | 126  | 46  | 110  | 35 |
| Other conditions | ... | ... | ... | 266  | 111 | 267  | 92 |

The total number of patients attending the Brighton Centre for the first time was 1,208.

### General

The practice of sending to General Practitioners in the area a weekly statement of infectious diseases notified together with any other topical information of interest has continued throughout the year.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal and Post-Natal Clinics

Number of Brighton cases attended :—

|                           |     |     |     | Ante-Natal | Post-Natal |
|---------------------------|-----|-----|-----|------------|------------|
| Brighton General Hospital | ... | ... | ... | 1166       | 875        |
| Sussex Maternity Hospital | ... | ... | ... | 960        | 713        |
| Municipal Clinics         | ... | ... | ... | 726        | 22         |

### Municipal Ante-Natal Clinics

Sussex Street—1 weekly doctor's session for ante and post-natal cases  
 2 weekly midwives' session  
 Moulsecombe—1 weekly midwives' session  
 Woodingdean—1 weekly midwives' session  
 Whitehawk —1 weekly midwives' session  
 Mobile Clinic —3 weekly midwives' session  
 1 fortnightly midwives' session

### Ante-Natal Record Card

The use of the ante-natal communication card has greatly benefited the general practitioners and the midwives.

### Maternal Mortality

This was a case of pulmonary embolism due to spontaneous abortion. The death occurred in hospital.

### Mothercraft

Mothercraft and relaxation classes are held weekly at Sussex Street, and during the year 99 mothers attended. The increase of 21 over the previous year is some reflection of the growing interest in this form of education. The majority of confinements are in hospital and for these mothers the hospital authority organises separate classes.

#### Premature live births

|                                                                   |     |     |     | Total | Died within<br>24 hours<br>of birth | Died within<br>within<br>1-7 days | Survived<br>28 days |
|-------------------------------------------------------------------|-----|-----|-----|-------|-------------------------------------|-----------------------------------|---------------------|
| Born in hospital                                                  | ... | ... | ... | 139   | 14                                  | 5                                 | 120                 |
| Born at home and nursed there                                     | ... | ... | ... | 11    | —                                   | —                                 | 11                  |
| Born at home and transferred to<br>hospital on or before 28th day | ... | ... | ... | 1     | —                                   | 1                                 | —                   |

#### Premature still births

|                  |     |     |     |    |
|------------------|-----|-----|-----|----|
| Born in hospital | ... | ... | ... | 22 |
| Born at home     | ... | ... | ... | —  |

(See also Ambulance Service, page 34)

*Ophthalmia Neonatorum*

See page 46.

The Health Visitors are responsible for the care of the premature babies on the district, and maintain close supervision until the child's progress is assured. On a six-monthly rota, each Health visitor also attends the Paediatricians' follow-up clinics for premature babies at the Royal Alexandra Children's Hospital. This is a valuable link between hospital and district staffs and methods. Early in the year the problem of cold injury to the newborn was a hazard in view of the severe weather. Paraffin convector heaters were loaned out to parents unable to provide adequate heating arrangements.

*Puerperal Pyrexia Regulations 1951*

There were 21 cases of puerperal pyrexia notified during the year. These all occurred in hospital practice and made normal recoveries.

*Family Planning Clinic*

Three sessions are now held each week at the Sussex Street Clinic; one morning and two evening sessions. 33 Brighton residents attended the clinic on medical grounds, of whom 8 were new cases.

*Care of Unmarried Mothers and their Babies*

During the year the council accepted financial responsibility for 36 unmarried mothers. This is an increase of 13 over the 1962 figure.

Help is given through the Chichester Diocesan Moral Welfare Association which arranges for the mothers to be accommodated in homes before and after the confinement and also provides the services of social workers. The council contributes to the funds of the association and also makes grants towards the maintenance of Brighton women and their babies in the homes. Where possible the putative father also contributes, and the unmarried mother helps with such maternity grants as she is entitled to receive.

*Research*

The Health Visitors have again co-operated in various fields of research. They have helped with the local investigation into Infective Hepatitis and with the nation-wide Oxford Survey of Childhood Cancers. They have even carried out an investigation into the history of a Brighton family for the Hospital of the University of Pennsylvania.

*Phenylketonuria*

Routine urine tests have been made for all babies born during the year. No positive results have been recorded.

*Early Detection of Deafness*

All babies and young children who are reported to be at risk as a result of congenital abnormalities, difficult births, infection etc, are visited at about the age of 7 months for a simple screening test of hearing. As a result of this investigation, of 169 children examined 2 children have been referred to the E.N.T. hospital in Gray's Inn Road, London; 2 to the Brighton E.N.T. hospital; and 1 to the Royal Alexandra Children's Hospital. With the introduction of the proposed audiological unit during the coming year this service will be expanded.

### *Children at Risk*

In accordance with requirements of the Ministry of Health, children at risk were included in the Ministry's Annual Return for the first time in 1963. The number on the register at the end of the year was 662. As defined by the Ministry "an 'at risk' register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother etc."

### *Child Welfare Centres*

At the end of the year there were 20 Child Welfare Centres including 3 held in the Mobile Clinic. This is an increase of one weekly session in the Mobile Clinic as compared with 1962. Three centres have two sessions a week, 14 centres have one session a week, and three centres have one session a fortnight. The number of children who attended during the year is as follows:—

|                         |     |     |     |      |
|-------------------------|-----|-----|-----|------|
| Children 0–12 months... | ... | ... | ... | 1852 |
| „ 1–5 years             | ... | ... | ... | 3511 |

The number of children immunised and vaccinated at these sessions is set out on page 32.

### *Mobile Clinic*

The use of the Mobile Clinic has been extended during the year and it is now used on three afternoons a week as a Child Welfare Centre, as well as once a week at the Municipal Camping ground during the summer to help mothers on holiday there. The numbers attending at Westdene increased and, towards the end of the year, arrangements were made for mothers to be accommodated in the club room at the 'Sportsman' while waiting admittance to the clinic.

The mobile van is particularly useful as an ante-natal clinic where the midwives can see their own patients by appointment. It is used for this purpose weekly in three areas and fortnightly in another.

### *Orthopaedic Service*

Of the 287 children under 5 years treated at the Orthopaedic clinic during the year, 20 were new cases seen by the surgeon, and 56 were re-examinations at the surgeon's clinic. In all there were 895 attendances of pre-school children.

(See also page 19, School Health Service.)

### *Dental Treatment*

During the year dental treatment was given by the School Dental Officer to mothers, and young children under 5 years of age, at four different centres in the Borough. A total of 98 half-day sessions was set aside for this purpose. X-rays are taken at the School Clinic in Sussex Street and dentures provided where necessary by arrangement with a private dental technician. An analysis of the work carried out is set out below:—

#### *Part A—Dental Treatment—Numbers of Cases*

|    |                                                                              | Number of<br>persons<br>examined<br>during<br>the year<br>(1) | Number of<br>persons who<br>commenced<br>treatment<br>during<br>the year<br>(2) | Number of<br>courses of<br>treatment<br>completed<br>during<br>the year<br>(3) |
|----|------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1. | Expectant and nursing mothers                                                | 10                                                            | 10                                                                              | 6                                                                              |
| 2. | Children aged under 5 and not<br>eligible for school dental<br>service... .. | 264                                                           | 43                                                                              | 34                                                                             |

Part B—*Dental Treatment Provided*

|    |                                                                                     | Scalings<br>and gum<br>treat-<br>ment | Fillings | Silver<br>nitrate<br>treat-<br>ment | Crowns<br>and<br>inlays | Extrac-<br>tions | General<br>anaes-<br>thetics | Dentures provided                |                                     | Radio<br>graphs |
|----|-------------------------------------------------------------------------------------|---------------------------------------|----------|-------------------------------------|-------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|-----------------|
|    |                                                                                     | (1)                                   | (2)      | (3)                                 | (4)                     | (5)              | (6)                          | Full<br>upper<br>or lower<br>(7) | Partial<br>upper<br>or lower<br>(8) | (9)             |
| 1. | Expectant and<br>nursing mothers                                                    | 1                                     | 7        | —                                   | —                       | 36               | 5                            | —                                | 3                                   | —               |
| 2. | Children aged under<br>5 years and not<br>eligible for school<br>dental service ... | —                                     | 92       | 37                                  | —                       | 42               | 20                           | —                                | —                                   | —               |

Part C—*Number of Premises and Sessions*

|    |                                                                                                                                               |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. | Number of dental treatment centres in use at end of year for services shown in Part B above ... ..                                            | 4  |
| 2. | Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year ... .. | 98 |

*Deprived Children*

There is close co-operation between the Children's Officer and the Health Department, in the notification of change of address in the case of deprived children. In this way Health Visitors are able to co-operate with the Child Care Officers in the supervision of these children.

Monthly meetings of the co-ordinating committee in respect of problem families are attended by representatives from the Medical and Nursing staffs, and more urgent problems are dealt with, as they arise, in a spirit of co-operation.

When required, medical examinations are carried out by members of the medical staff at the request of the Children's Officer.

*Nurseries and Child Minder's Regulations Act 1948*

There are on the register two privately run day nurseries able to receive into their premises for reward a total of 69 children under the age of 5 years. These nurseries are visited periodically by a Medical Officer and a Health Visitor to ensure that the regulations under the act are observed.

During the year three play groups have been started. These are open for the mornings only, for part or all of the week, and fulfil a useful purpose in preparing the children for the more rigid routine of school.

Towards the end of 1963 two more premises were inspected and considered suitable for play groups. Both groups planned to commence early in 1964, and a nursery school to accommodate 24 children was registered with a view to opening in January 1964. These play groups are inspected periodically by a Health Visitor.

*Municipal Day Nursery*

Miss B. E. Dawson, who had been Matron since the nursery opened in 1946 retired at the end of March because of ill-health. She was succeeded by the Warden, Miss M. O'Driscoll. One of the staff nursery nurses was sent on a course of training and was appointed Warden.

Brighton Corporation maintains the Manor House Day Nursery which provides accommodation for 36 children between the ages of 1 and 5 years. During 1963, 56 children were admitted to the nursery and the average daily attendance was 25. During the very severe weather at the beginning of the year the nursery had to close for one week because of frozen pipes but the staff made use of this opportunity for "in-training".

Admission to the nursery follows a recommendation from Health visitors, paediatricians or family doctors. Priority is given to illegitimate children whose mothers have to work, children from broken homes, where for financial reasons it is essential for the mother to work, and children from homes where because of physical or mental ill-health the mother is unable to give the child adequate care.

At the beginning of the year the difficulty of getting some of the children to the nursery became so great that a taxi service on a limited scale was instituted and this was of particular value in dealing with children from problem homes. By the end of the year the demand was too great for the taxi and one of the Department's mini-buses suitably adapted, with an escort from the nursery, was diverted to carry the children.

The daily charge for attendance remained unaltered during the year, varying from 1s. 6d. to 7s. 6d. and based on assessable income after allowances made for rent, mortgage repayments, national insurance etc. A few children attend for half-days only and are assessed accordingly.

An analysis has been made of the 56 children admitted to the nursery during 1963. The results are given below:—

### 1. *Reasons for admission to the Nursery*

|                                                      |     |     |     |          |
|------------------------------------------------------|-----|-----|-----|----------|
| Unmarried mother, working ...                        | ... | ... | ... | 6        |
| Parents separated or divorced ...                    | ... | ... | ... | 11       |
| Mother deceased ...                                  | ... | ... | ... | 1        |
| Problem families ...                                 | ... | ... | ... | 10       |
| Mother ill (including confinements) ...              | ... | ... | ... | 5        |
| Mother inadequate ...                                | ... | ... | ... | 8        |
| Mother on essential work ...                         | ... | ... | ... | 3        |
| Poor housing ...                                     | ... | ... | ... | 3        |
| Child disturbed or maladjusted ...                   | ... | ... | ... | 3        |
| Mother working because father financially inadequate |     |     |     | 5        |
| Other reasons ...                                    | ... | ... | ... | 1        |
|                                                      |     |     |     | <hr/> 56 |

### 2. *Reasons for withdrawals from Nursery*

|                                          |     |     |     |     |            |
|------------------------------------------|-----|-----|-----|-----|------------|
| Started school ...                       | ... | ... | ... | ... | 3          |
| Left district ...                        | ... | ... | ... | ... | 7          |
| Made other arrangements ...              | ... | ... | ... | ... | 6          |
| Transferred to Downsview Training Centre |     |     |     | ... | 2          |
| Situation improved ...                   | ... | ... | ... | ... | 5          |
| No reason given ...                      | ... | ... | ... | ... | 10         |
| Fees too high ...                        | ... | ... | ... | ... | 2          |
|                                          |     |     |     |     | <hr/> 35   |
| Still in attendance ...                  | ... | ... | ... | ... | (21)       |
|                                          |     |     |     |     | <hr/> (56) |

### 3. *Mode of transport to Nursery*

|                   |     |     |     |     |     |          |
|-------------------|-----|-----|-----|-----|-----|----------|
| Bus ...           | ... | ... | ... | ... | ... | 27       |
| Nursery taxi ...  | ... | ... | ... | ... | ... | 13       |
| Walked ...        | ... | ... | ... | ... | ... | 7        |
| Private car ...   | ... | ... | ... | ... | ... | 5        |
| Ambulance ...     | ... | ... | ... | ... | ... | 1        |
| Miscellaneous ... | ... | ... | ... | ... | ... | 3        |
|                   |     |     |     |     |     | <hr/> 56 |

Weekly visits are made to the nursery by a senior medical officer who also considers and approves requests for admission.

### *Issues of Welfare Foods*

|                                  | 1960   | 1961   | 1962   | 1963   |
|----------------------------------|--------|--------|--------|--------|
| Orange juice, bottles ... ..     | 69,107 | 44,397 | 28,978 | 32,597 |
| Cod liver oil, bottles ... ..    | 7,949  | 6,037  | 3,262  | 3,298  |
| A & D tablets, packets ... ..    | 7,542  | 6,003  | 3,849  | 3,947  |
| National dried milk, tins ... .. | 37,659 | 33,807 | 35,765 | 32,582 |
| Rose hip syrup, bottles ... ..   |        |        | 5,350  | 9,787  |
| A & D drops, bottles ... ..      |        |        | 3,623  | 5,311  |

Issues of orange juice, cod-liver oil and A & D tablets, rose during the year, while the sales of National Dried Milk fell. There was an increase in the sale of Rose Hip syrup and A & D drops, but the sale of Rose Hip Syrup is still less than one-third of the orange juice supplied.

In addition to sales at all child welfare centres and from the Health Department, orange juice and A & D tablets are also distributed from the ante-natal clinics.

## MIDWIFERY

### DOMICILIARY MIDWIFERY SERVICE

#### *Staff*

*Non-Medical Supervisor:* Mrs. Wood

*Senior Midwife:* Mrs. A. L. Beard

#### *Midwives:*

|                             |                  |                    |
|-----------------------------|------------------|--------------------|
| Mrs. G. Armstrong           | Miss E. Eccles   | Miss J. D. Murray  |
| Miss M. F. Chantal Costello | Mrs. E. Fellbaum | Mrs. C. O'Connor   |
| Miss C. J. M. Dean          | Mrs. E. M.       | Miss L. A. Raeburn |
|                             | Ormond Francis   |                    |

#### *Transport*

All Midwives drive, three having their own cars, the others using eight Corporation vehicles, including three mini-vans. Nine Midwives' vehicles are fitted with radio telephone, an increase of two this year. These are linked to the medical base emergency telephone, which is a very valuable and much appreciated service. It has been decided by the Committee that all Corporation-owned vehicles used by Midwives should be fitted with safety belts.

#### *Refresher Courses*

Two Midwives attended refresher courses as required by Rule 63 of the Central Midwives' Board. Student nurses from the Royal Alexandra Children's Hospital visit patients with the Midwives once a month, to observe care of mothers and babies at home.

#### *Pupil Midwives*

Next year, starting March 1st, the local authority (in co-operation with Horsham General Hospital) will commence district training for Part II Pupil Midwives. As a beginning, two pupils will be sent out from the hospital, working in conjunction with a midwife, but living separately in Whitehawk House. It has been proposed that this service may be extended later if all works satisfactorily.

#### *Ante-Natal Clinics*

|               |   |                                                       |
|---------------|---|-------------------------------------------------------|
| Sussex Street | { | One doctor's session for ante and post-natal patients |
|               |   | one ante-natal session with two midwives, p.m.        |
|               |   | one ante-natal session with one midwife, a.m.         |
| Moulsecoomb   |   | —one ante-natal session with two midwives, p.m.       |

|             |                                                                                                                                                                            |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Woodingdean | one ante-natal session with two midwives, p.m.                                                                                                                             |
| Whitehawk   | one ante-natal session with one midwife, p.m.                                                                                                                              |
| Mobile Unit | { one ante-natal session with one midwife alternate weeks at Sports Stadium, Withdean and Lyminster Avenue, Hollingbury, a.m., and Saunders Park, Lewes Road, a.m. weekly. |

Relaxation and mothercraft classes are held weekly at Sussex Street Clinic—number attended 99.

### *Deliveries*

Number of mothers delivered: 479—live births  
Still births: Nil

### *Medical Aid*

Medical aid was required for: 106 patients and 27 babies

#### *During pregnancy*

|                          |    |
|--------------------------|----|
| Pyletis ... ..           | 1  |
| Hypertension ... ..      | 16 |
| Post maturity ... ..     | 5  |
| Malpresentation ... ..   | 6  |
| E.R.M. ... ..            | 2  |
| A.P.H. ... ..            | 10 |
| General Illness ... ..   | 3  |
| Thrombo Phlebitis ... .. | 3  |
| Anaemia ... ..           | 1  |

#### *In labour*

|                                   |    |
|-----------------------------------|----|
| A.P.H. ... ..                     | 9  |
| Foetal distress ... ..            | 3  |
| Uterine Inertia, 1st stage ... .. | 6  |
| Uterine Inertia, 2nd stage ... .. | 5  |
| Episiotomy ... ..                 | 1  |
| Prem. labour ... ..               | 3  |
| Ruptured perineum ... ..          | 21 |
| Retained placenta ... ..          | 2  |
| P.P.H. ... ..                     | 9  |
| B.B.A. emergency ... ..           | 1  |
| Mastitis ... ..                   | 2  |
| Rigor and collapse ... ..         | 1  |

#### *Infant*

|                               |   |
|-------------------------------|---|
| Prematurity ... ..            | 2 |
| Cyanosis ... ..               | 5 |
| Asphyxia ... ..               | 2 |
| Ophthalmia ... ..             | 5 |
| Congenital abnormality ... .. | 4 |
| Jaundice ... ..               | 1 |
| Haematemesis ... ..           | 1 |
| Pyloric Stenosis ... ..       | 2 |
| Catarrh ... ..                | 2 |

The Emergency Obstetric unit from Brighton General Hospital was called out three times for P.P.H., all dealt with satisfactorily.

244 early discharges from hospital were cared for by the domiciliary midwives.

### *Distribution of Midwifery Cases*

| Hospitals and Nursing Homes | Number of Midwives at end of year | Number of beds | Number of cases from Brighton | Total number of cases |
|-----------------------------|-----------------------------------|----------------|-------------------------------|-----------------------|
| Brighton General            | 24                                | 64             | 1136                          | 1523                  |
| Sussex Maternity            | 25                                | 62             | 799                           | 1484                  |
| TOTAL                       | 49                                | 126            | 1935                          | 3007                  |
| Domiciliary                 | 10                                | —              | 479                           | 479                   |
| Municipal Midwives          | —                                 | —              | —                             | —                     |
| Private Midwives            | —                                 | —              | —                             | —                     |
| TOTAL                       | 10                                | —              | 479                           | 479                   |

*Midwives' Act*

Under the rules of the Central Midwives' Board 78 midwives notified the Local Authority of their intention to practise within the Borough.

**HEALTH VISITING***Staff*

There have been very few changes in the Health Visiting staff during the year, and I am pleased to report that this Authority at present, is one of the few in the country with no vacancies for either Health Visitors or Midwives.

At the end of the year the Health Visitor establishment was as follows:—

- 1 Chief Nursing Officer
- 3 Senior Health Visitors (*a.* Administrative; *b.* Geriatric; *c.* Health Education)
- 23 District Health Visitors (18 General Duties
  - 3 Chest Clinic Duties
  - 2 Geriatric Duties)

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27 Total

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Part-time clinic nurses have continued to give valuable assistance in Child Welfare Clinics, Ante-Natal Clinics, the Chest Clinic and the Mobile Clinic.

*Decentralization*

The gradual decentralization of staff has continued throughout the year.

The scheme of attaching a Health Visitor to a group of General Practitioners in the Woodingdean area has been a great success. Similar attachments in other parts of the town, would I am certain, be equally successful, and of great benefit to the community. (See full report in attached appendix.)

In September, following the resignation of the Senior Health Visitor from Hazel Cottage, Woodingdean, several of the staff were allocated new areas.

There are now three Health Visitors based on Hazel Cottage, Woodingdean, and another two based on the clinic at Whitehawk.

This means that the staff are more accessible to the community which they serve, and in addition, gives them a far greater sense of responsibility.

Further decentralization on the periphery would be most welcome, if suitable permanent premises were available.

*Transport*

The granting of a mileage pool for private car-owners, together with the extra Corporation vehicle, has done much to increase the capacity of work, and the effectiveness of the health visiting service in areas previously considered to be non-car districts.

**LIAISON WITH OTHER DEPARTMENTS***a. Mental Health Section*

One Health Visitor has continued to visit Downs View Training Centre weekly, assisting the medical officer at medical inspections, giving talks to the adults, and advising generally on health problems.

The visiting of sub-normal and severely sub-normal children up to the age of 16 years has been carried out by the Health Visitors in whose area they reside.

### *b. Old People*

Three full-time health visitors have worked in this section throughout the year, and have maintained the liaison with the Health Visitors on general duties. A full report on the work of this section appears under Prevention of Illness.

### *c. Chest Clinic*

The full complement of three full-time Health Visitors remains constant, with the State Registered Nurse continuing to act as relief for clinic sessions during holiday periods.

### *d. School Health Service*

A number of the Health Visitors have again undertaken School Health duties in infants' and nursery schools, and have assisted the Senior School Medical Officer in his survey on Plantar Warts in a senior school.

Series of mothercraft talks have been given to the 14-15 year age groups in secondary modern schools.

In addition, the Chief Nursing Officer has personally given talks on "Human Relationships" and the "Problems of Teenagers" to several groups of secondary-modern and grammar school leavers, including those attending the school leavers' course at Burwash.

## CARE AND AFTER CARE

### *Liaison with General Practitioners*

Co-operation between the general practitioners and the health visitors has continued to improve. Supplies of posters and leaflets for health education purposes have been supplied to many surgeries, and a number of the health visitors continue to meet the doctors for regular discussions. Contact by telephone is excellent, as is witnessed by the number of calls received from the doctors in the Department and the clinics between 9 and 10 a.m. daily.

### *Liaison with Hospitals*

The maternity hospitals have continued to contact the Department daily with details of all discharges, information of great value to the health visiting and midwifery staffs.

The Health Visitors have continued to attend the weekly ward round at the Royal Alexandra Hospital for Sick Children, and also the two paediatric clinics held at the Sussex Maternity Hospital.

In all cases where information has been available to the Department, follow-up visits have been made to patients discharged from hospital, advice being given to the patients and their families. This information, has whenever possible, been handed direct from the Almoner to the Health Visitor concerned.

### *Liaison with Others*

Many organizations have helped with extra benefits and services, greatly assisting the work of the Health Visitors, and I am deeply indebted to the staffs of the statutory and voluntary organizations concerned.

### *Staff Education*

Five Health Visitors attended refresher courses in various parts of the

country, and two Health Visitors continued the part-time release course for the Diploma in Social Studies at the Brighton Technical College.

Staff meetings have been held at regular intervals, and films and film strips have been vetted.

Again throughout the year, the nursing staff have been invited to the meetings of the Brighton and Hove General Practitioner Obstetrician Forum, and have listened to some excellent lectures given by eminent speakers. The Senior Assistant Medical Officer, the Chief Nursing Officer, and the Superintendent Midwife have attended the meetings of the Maternity Liaison Committee held at intervals throughout the year.

### *Health Education*

This work has continued to be formally organised by a Health Education Group, with representatives of each section of the Health Department meeting monthly, under the Chairmanship of the Deputy Medical Officer of Health.

Each month a particular subject was highlighted, backed up by visual aids and, for the latter part of the year, the Department had the use of a kiosk at the junction of West Street and King's Road, which was put to great use.

Posters were displayed in the kiosk windows each month, and the general public were given demonstrations during the campaigns on Mouth-to-Mouth Resuscitation, and Immunisation.

Excellent co-operation was given by the Chief Fire Officer for the campaign on firework publicity; and also by the Road Safety Organiser in the Christmas campaign for safety on the roads.

Display material was made available on request to voluntary educational groups.

Lectures were given to students in training at the Combined Nurse Training School, the District Nurse Students at the local training centre, Student Health Visitors and the Domestic Studies Students at the Technical College.

Mothercraft and relaxation classes for expectant mothers were held regularly, and talks to pre-formed groups included church organizations, parent-teacher associations, youth groups and overseas students of the new University of Sussex under the auspices of the British Council.

Individual teaching was ably undertaken by the Midwives and Health Visitors in the routine home visiting and at the child welfare centres.

Smoking and lung cancer was the subject of a special poster campaign during the year. In this connection, as is mentioned elsewhere in this report and commencing during 1963, general practitioners and members of the Health Committee received details of lung cancer and bronchitis deaths each month. Opportunity was also taken during the year to introduce this subject when giving talks to selected groups.

### APPENDIX

#### *Pilot Scheme of the attachment of a Health Visitor to the Group Practice at Woodingdean*

In the summer of 1962 a group of general practitioners, working in the Woodingdean area, made a request to the Department for a Health Visitor to be attached to their group practice. At the time of the request the group practice had one-third of Woodingdean residents as registered patients and as there were three Health Visitors in the area it was feasible to allow one Health Visitor to take over the families for which these doctors were responsible.

The problem was not quite a simple mathematical one, but it was felt that the

proposition represented a considerable advance in the town and was in accord with the Ministry of Health and B.M.A. policy. The Medical Officer of Health, the Chief Nursing Officer and the general practitioners discussed the proposition in great detail and it was decided that with the permission of the Health Committee the scheme should be put into practice.

The case loads of the three Health Visitors were accordingly adjusted and the Health Visitor chosen to take part in the project took over the doctors' patients in Woodingdean, Saltdean, Rottingdean, Ovingdean, and a small number in the town. For some time she continued to work from the branch clinic, "Hazel Cottage", Woodingdean, and in January 1963 moved to the main surgery at Woodingdean. Here she has her own office, suitably furnished and with her own telephone, in order to maintain the necessary vital links with all the services and agencies with which she has contact as well as with the general public.

The Health Visitor is available in her office each morning during normal surgery hours and may be contacted by telephone, by direct approach or by referral from the general practitioner. Similarly, patients seen by the Health Visitor can easily be referred to the general practitioner.

Informed discussion of mutual problems takes place most days over coffee at the end of the morning surgery. Thus time is saved, duplication of visiting is avoided and treatment and advice given to patients is agreed upon. The patients have quickly recognized the team-work involved, and the tendency to play one person off against another is minimized.

The Health Visitor calls regularly at a branch surgery and also maintains her commitments in the local authority child welfare clinics twice weekly.

Of necessity, during this trial period, her efforts have concentrated upon maternal and child welfare work and this has proved so successful that one feels that her duties should be extended to embrace the whole family, dealing with all geriatric, social and mental problems. The family doctors consider the scheme a great success.

## HOME NURSING

The statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queen's Nurses).

The establishment is 42 (including 3 Administrative and Supervisory Nursing Staff).

Total number of cases nursed, 3,736 (including 18 tuberculosis).

In the case of sick children the District Nurse visits and where they are very ill or require special care the Assistant Superintendent also visits.

Night sitters were called out on a number of occasions.

702 new patients received nursing equipment on loan.

27 students were trained during the year.

The Association's funds were used for helping patients, where there was urgent need, with extra food, coal, personal and bed linen, etc.

The Superintendent comments:

"Nursing trends continue as in previous years. More patients are coming into the retiring age groups and when these patients are in the eighties and nineties it is often difficult to find relatives or friends to undertake their care between the nurses' visits. Many patients are taking more of the nurses' time during any one visit than is justified by the actual nursing procedures necessary for their medical care although the use of disposable articles has been a great help in this direction. It still remains that the total needs of these patients are

not fully met. The nursing staff find this type of case very time consuming, especially when other patients are in need of their skilled nursing care. The proportion of visits given for injection therapy remains about the same as in previous years. It is noted with pleasure that there has been a sharp decrease in the number of patients being treated for tuberculosis, only 18 such patients were attended in 1963. The number of cases of pneumonia shows a gradual increase over the years, whilst the number of cases of cancer remains constant at about 1 in 14 of every case nursed.

The sheepskins supplied through Australia House for the prevention of bedsores in bedridden patients were very successful in two such cases during the year. The presence of incontinence debarred their use in otherwise suitable cases and for this type of patient plastic foam in varying thicknesses has been a factor in the prevention of bedsores. This material is light and easy to handle and has some of the attributes of the sheepskins and is more easily cleansed and disinfected during and after use.

The use of disposable dressing and surgical towels has proved a saving of time and has simplified the techniques of surgical dressing of wounds in the homes of the patients. The disposable incontinence pads have also greatly helped the work of the District Nursing Service."

### VACCINATION AND IMMUNISATION

#### *Smallpox Vaccination*

Record cards were received for 1,858 persons as follows:

|                | Under 1 year |             | 1-4 years |             | 5-14 years |             | Total under 15 years |             | 15 years and over |
|----------------|--------------|-------------|-----------|-------------|------------|-------------|----------------------|-------------|-------------------|
|                | No.          | Per-centage | No.       | Per-centage | No.        | Per-centage | No.                  | Per-centage |                   |
| Primary ...    | 236          | 10.7        | 329       | 3.7         | 60         | 0.3         | 625                  | 1.9         | 84                |
| Re-vaccination | —            | —           | 30        | 0.3         | 124        | 0.6         | 154                  | 0.5         | 995               |

Vaccination against smallpox was offered to children under five attending the child welfare centres, usually after the child's first birthday. 49 children under 1 year old and 186 children over 1 year old were vaccinated at these centres.

There was an interval of several months with very few vaccinations, because the recommended age of vaccination was raised from the third month to the second year of life.

*Diphtheria, Whooping Cough or Tetanus Immunisation* separately or combined.

|                                               | No. who received<br>primary immunisation |               |       | No. who received<br>booster injection |               |       |
|-----------------------------------------------|------------------------------------------|---------------|-------|---------------------------------------|---------------|-------|
|                                               | Age<br>Under 5                           | Age<br>Over 5 | Total | Age<br>Under 5                        | Age<br>Over 5 | Total |
| Diphtheria only ...                           | —                                        | 2             | 2     | 14                                    | 117           | 131   |
| Whooping cough only ...                       | —                                        | —             | —     | —                                     | —             | —     |
| Tetanus only ...                              | 5                                        | 53            | 58    | 9                                     | 29            | 38    |
| Diphtheria/Whooping cough jointly ...         | 8                                        | 1             | 9     | 2                                     | 3             | 5     |
| Diphtheria/Tetanus jointly ...                | 25                                       | 106           | 131   | 763                                   | 1588          | 2351  |
| Diphtheria/Whooping cough/Tetanus jointly ... | 2107                                     | 15            | 2122  | 346                                   | 45            | 391   |
|                                               | 2145                                     | 177           | 2322  | 1134                                  | 1782          | 2916  |

In addition 143 children did not complete the course of injections. The increased number of boosters amongst the under 5's was due to the introduction of booster doses at the age of 18 months, and the increased number attending for boosters before school entry at the age of 4½.

Children under five years are immunised at the twenty child welfare centres; school children are immunised at the school clinic on one afternoon each week, and booster injections are given at the primary schools.

The family doctors have also given primary immunisation and booster injections.

### *Poliomyelitis Vaccination*

Sabin oral vaccine has been given in most cases on a sugar lump or in syrup. A few doctors or patients preferred the Salk injection.

The following protection was given during the year:

#### *Completion of 2 injection course:*

|            |     |     |     |     |    |
|------------|-----|-----|-----|-----|----|
| Born 1962  | ... | ... | ... | ... | 10 |
| Born 1961  | ... | ... | ... | ... | 4  |
| 1943-1960  | ... | ... | ... | ... | 3  |
| 1933-1942  | ... | ... | ... | ... | 6  |
| OTHERS ... | ... | ... | ... | ... | 5  |
|            |     |     |     |     | —  |
|            |     |     |     |     | 28 |
|            |     |     |     |     | —  |

#### *Completion of course of 3 vaccinations undifferentiated by age group:*

|                                |     |     |     |     |
|--------------------------------|-----|-----|-----|-----|
| 3 Salk injections              | ... | ... | ... | 85  |
| 2 Salk injections and one oral | ... | ... | ... | 131 |

All children under five years who had received two Salk injections and one oral dose were offered a second dose of oral vaccine to complete their primary course.

#### *Completion of course of three oral doses:*

| Age Group | General Practitioners | Poliomyelitis Vaccination Clinic | Child Welfare Centres | Totals |
|-----------|-----------------------|----------------------------------|-----------------------|--------|
| 1963      | 58                    | 4                                | 233                   | 295    |
| 1962      | 266                   | 39                               | 871                   | 1176   |
| 1961      | 85                    | 20                               | 147                   | 252    |
| 1943-60   | 147                   | 161                              | 148                   | 456    |
| 1933-42   | 51                    | 74                               | 93                    | 218    |
| OTHERS    | 40                    | 78                               | 34                    | 152    |
| TOTAL     | 647                   | 376                              | 1526                  | 2549   |

#### *Completion of course of 4 vaccinations by children over 5 and under 12:*

|                                   |     |     |     |      |
|-----------------------------------|-----|-----|-----|------|
| 4 Salk injections                 | ... | ... | ... | 14   |
| 3 Salk injections and 1 oral dose | ... | ... | ... | 1486 |

#### *Completion of course of 4 doses of oral vaccine at school entry:*

|                    |     |     |     |    |
|--------------------|-----|-----|-----|----|
| 4 Sabin oral doses | ... | ... | ... | 29 |
|--------------------|-----|-----|-----|----|

Children under five years have been vaccinated against poliomyelitis at the child welfare clinics and some mothers received the vaccination with their children.

The returns made by family doctors for vaccinations are included in all the above figures.

*Personal immunisation record cards*

A personal immunisation record card in a plastic container is issued to parents following immunisation against diphtheria at child welfare centres. Records of other immunisations at the child welfare centres are added as they are carried out. These are available for G.P.s if required.

*B.C.G. Vaccination*

See page 38.

*Yellow Fever Vaccination*

See page 44.

**AMBULANCE SERVICE**

The total number of patient journeys made by the Service was 79,932, with a total mileage of 295,925, which gives a figure of 3.7 miles per patient conveyed.

The decrease of 902 was mainly accounted for by the ice and snow of January and February when conditions considerably curtailed the volume of patients and the use of snow chains slowed up operations.

For a considerable period treatments were reduced for many patients, and the hospitals indicated those for whom attention should not be delayed. Such priorities were concentrated upon, often by sending three staff per vehicle to avoid accident to patients, staff and vehicles. These were periods with bus services and other traffic practically at a standstill, but where patients needed urgent removal to hospital the Service kept going, and the successful efforts of ambulancemen without accident were most commendable.

Piles of snow in the streets, icy conditions of pavements and garden paths, house and basement steps, made the work extremely hazardous, and although the number of general treatment patients conveyed was less than normal, the accident case figures increased considerably, and fracture clinics were working at high pressure, together with follow up treatments, all of whom had to be carried.

On the night of the heaviest snowfall, a maternity case had to be conveyed from Woodingdean to Brighton General Hospital, and all roads to Woodingdean were blocked by snowdrifts. However, it was discovered that Brighton Race Course which runs parallel with the main road appeared negotiable if attempted by a four-wheel drive vehicle. Here the Fire Chief Officer ably assisted by sending a Land Rover along the Race Course to avoid the blocked road, and after considerable effort by Fire and Ambulancemen, the mother arrived safely in hospital in good time, having received benefit from the excellent co-operation which exists between the local emergency services.

The pattern for 1963 was very similar to that of 1962, with no particular variation, except the accident and emergency figure which increased by 241 calls.

The change of approach to mental illness provided a decrease of 61 patient conveyed, but it appears to involve longer journeys on occasions where patients with continuing need are conveyed to distant hospitals where they have previously been cared for, also patients are now regularly carried to the local Day Hospital where necessary.

*Training School*

During the year, three groups of new entrants were given Third-Class Training and two groups of men who had now completed two years' service were given Second-Class Training. A further two groups of older men who had not shown up too well in previous training were given Second-Class Training for the second time and were seen to be improved in knowledge and ability. Nine men

have requested, and were engaged in, further sections of the arduous task of First-Class Training and during the year they have been given further study of the more detailed technical knowledge of Control Room duties, and methods of teaching some practical aspects of an Ambulanceman's duties.

The Training Officer has also been actively engaged in accompanying probationary members of the staff and providing detailed training in their actual daily tasks, and by keeping a watchful eye on new entrants in this way their overall ability is hastened.

Twice monthly practice and efficiency tests are made on all staff in all methods of artificial respiration and mechanical lung insufflation. Periodic First Aid and other practice is also given to all staff in order to keep their knowledge up to date over the whole field of possible activity, for it is found that according to the "swing of the pendulum", many months may pass by since actual experience of certain conditions has been encountered.

The task is to "train and keep trained" in all aspects, ready for the never ending variety of episodes met with in this day and age. During the year two representatives of the Northampton County Council Ambulance Service, and one from Rutland County Council Ambulance Service sat in during training courses to gain first-hand knowledge of the methods employed in Brighton, in which they were very interested.

### *The Training School in Retrospect*

It is now over three years since the Training School commenced in 1960, and the staff have really made good use of the facilities provided. The approach to their work, and the self satisfaction derived from knowing the technical and administrative reasons behind every aspect of their duty have proved most valuable, and I am often informed by members of the medical profession and others, including patients and relatives, of their good impression.

A typical comment appeared in the local press from a mother as follows:

"I would like to thank the extremely cheerful Ambulancemen who took my small daughter into hospital late at night with acute appendicitis. They turned my daughter's tears into smiles with their jokes and laughter.

She was apprehensive because I could not go with her, being ill myself."

During their training, ambulance staff are given a picture of the duties and responsibilities of the other sections of the Health Department and Welfare Services, and here useful information is often obtained from Ambulancemen in relation to the elderly and infirm. Confidential reports are made to the Chief Ambulance Officer who will pass that part of it he considers useful to his colleagues in charge of other sections, often with good results.

### *Police Training—Mutual Assistance*

By arrangement with the Chief Constable of Brighton, police constables who have completed their probationary period, attend at the Ambulance Station as part of their training for a lecture on Ambulance Service responsibilities followed by a discussion on mutual problems at the scene of incidents, and a conducted tour of the Control Room, Station, vehicles and equipment.

A similar arrangement will shortly be made for Ambulancemen to attend at the new Police Headquarters now in course of erection, in order to provide a full understanding between the members of the two services.

Ambulancemen attend at Fire Brigade Headquarters for information during their training, with particular emphasis on equipment and method of Fire Brigade extrication of casualties in emergencies.

### *Safety of Accident Ambulance Crews after Darkness*

The work of an ambulanceman at the scene of an accident can be very dangerous during the hours of darkness, particularly when he is attending to victims on the roads, with passing drivers attempting to obtain a glimpse of the accident and failing to concentrate, the dark blue uniform clothing is not easily distinguishable. An inexpensive answer was found by equipping all crews during darkness with white plastic armlets and cap covers, which show up very well in any relative position the men may be in relation to oncoming vehicles.

### *Public Relations*

558 persons representing 28 local adult and youth organizations visited the Ambulance Station, when talks on the Service were given by the Deputy Chief Ambulance Officer, together with a conducted tour round the control room, vehicles and equipment.

### *The Urgency of Lung Ventilation in Asphyxia*

It has been realized in recent years that life can often be saved in cases of drowning and gas poisoning, electric shock etc., provided there is someone immediately available and able to ventilate the lungs during the time it takes for an ambulance crew to arrive. Also it is realized that the time taken for the victim to be discovered, summon an ambulance, and for an ambulance to get through traffic to the scene, often results in the crew with good equipment being just too late to be effective. In the comparatively few cases where oral resuscitation or some other form of artificial respiration has already been commenced, the crew on arrival have had far more opportunity of success, but far too few people are capable of performing this simple life saving task. It was decided to deal with this matter in two ways:

- (a) to teach teachers and senior scholars in local schools, and
- (b) to demonstrate and teach oral resuscitation to the public.

### *Oral Resuscitation in Schools*

By arrangement with the Director of Education, teaching and demonstration in oral resuscitation was given by teams of officers and men of the Ambulance Service to teachers and senior scholars in local schools prior to the summer holidays, when 187 teachers and 1,269 scholars were taught, with the use of two models for practice.

### *Oral Resuscitation Teaching to the Public*

Throughout the month of September, the use of a seafront kiosk was obtained, and teaching and demonstration of oral resuscitation were given to the strolling public for two-hour sessions on each afternoon by officers and ambulancemen. No difficulty was experienced in obtaining their interest, and all age groups were keen to learn this well publicized method in "Mouth to Mouth" and "Kiss of Life" terms.

During the limited time available, 2,895 persons attended to listen to the complete story, and an unexpectedly high percentage of these took advantage of practice on the models.

In September a film was purchased on this subject and has since been used at adult and youth clubs, together with demonstration and practice with the models and 721 people have been taught, also a further 109 persons were taught at the Ambulance Station. This facility is now available to any group or organization, and will continue, and whilst some of the public in a seaside town

who have received this knowledge are no doubt visitors, there is the possibility that life will be saved in their home areas.

### *Emergency Resuscitation Apparatus*

Each major ambulance carries a bellows type apparatus for immediate manual use in lung insufflation, and two sets of the Stephenson Minuteman are kept at the Ambulance Station in readiness for mechanical insufflation on the spot and on the journey to hospital. When, in the light of information received, the use of the Minuteman is considered possibly necessary, this apparatus is quickly sent to the scene, and where the ambulance has been re-directed by radio, a separate vehicle is sent with the Minuteman whilst, meanwhile, the crew are proceeding with the use of the manual bellows type apparatus. The Minuteman was dispatched on 52 occasions, and used on 17 occasions. Six of these cases had breathing restored, which is a far better success story than could have been achieved prior to the use and training with this equipment.

### *Oxygenaire Incubator for Premature and Newborn Infants*

This incubator, which has been specially fitted to a small trolley complete with independent 12-volt battery, is kept at the Ambulance Station continually heated and battery charged ready for instant use, and has been used on 13 occasions during the year. The infant is kept in constant blood heat temperature during a journey, and oxygen can be administered if necessary.

### *Rail Escorts*

Once again, I gratefully acknowledge the assistance of the voluntary members of the British Red Cross Society and St. John Ambulance Brigade in acting as escorts for patients sent by rail.

## **PREVENTION OF ILLNESS, CARE AND AFTER-CARE—TUBERCULOSIS:**

|                            |     | Deaths | Rate per<br>100,000<br>population | No. of<br>New cases | Rate per<br>100,000<br>population |
|----------------------------|-----|--------|-----------------------------------|---------------------|-----------------------------------|
| Pulmonary tuberculosis ... | ... | 6      | 3.68                              | 40                  | 24.55                             |
| Non-pulmonary tuberculosis | ... | 2      | 1.23                              | 8                   | 4.91                              |
| All forms ... ..           | ... | 8      | 4.91                              | 48                  | 29.46                             |

*The number of deaths is the lowest recorded.*

*The number of primary notifications is the lowest recorded.*

Six of the total of eight deaths from tuberculosis occurred in hospitals in the Brighton area. Two of the deaths were from non-pulmonary tuberculosis.

10,808 attendances were made at the clinic during the year, of which 2,551 were by new cases.

323 of the cases were referred via the Mass X-ray Unit. Eight of these had active tuberculosis.

55 patients were visited in their homes and in hospitals during the year.

441 new contacts to cases of tuberculosis were examined during the year, 12 of whom needed treatment for tuberculosis, one in hospital.

117 B.C.G. vaccinations were carried out at the chest clinic during 1963.

411 school children were X-rayed at the chest clinic during the year following positive tuberculin tests at school. Parents who accompanied them were

offered chest X-rays and two of these were found to have active tuberculosis.

All new entrants to the Department are required to undergo annual chest X-ray at the Mass X-ray Unit. Since this scheme was adopted in 1951 two members of the staff have been referred for treatment.

#### *Home Nursing by Queen's Nurses of the Brighton District Nursing Association:*

|                                   | No. of<br>patients | No. of<br>visits |
|-----------------------------------|--------------------|------------------|
| Pulmonary tuberculosis ... ..     | 15                 | 483              |
| Non-pulmonary tuberculosis ... .. | 3                  | 141              |
|                                   | <hr/> 18           | <hr/> 624        |

#### *Rehabilitation*

One case is maintained at the British Legion Village, Aylesford.

#### *Occupational Therapy*

Three sessions a week are held in the Health Department workroom with a demonstrator in attendance. 26 patients made 1,367 attendances at the 148 sessions held. In addition the demonstrator visited nine patients in their own homes on 46 occasions (see also Mental Health Section, page 48).

The British Red Cross Society have for several years offered the use of a stall at their Annual Bazaar. This has proved a useful outlet for articles and £23 1s. 8d. was realized this year.

Sales were also effected by means of the articles on view in the show-case at the Royal York Buildings.

The occupational therapist attended a course on pottery at Loughborough College. It is intended to develop this craft when a kiln is obtained next year.

#### *Transport*

Patients, both tuberculosis and mental, who are not able to travel by public transport but who are otherwise able to attend classes are conveyed by mini-bus several days a week.

#### *B.C.G. Vaccination for Contacts*

The Ministry of Health directs that B.C.G. Vaccination should be offered to tuberculin-negative contacts of cases and 151 vaccinations were made during the year at the chest clinic.

#### *B.C.G. Vaccination of School Children (11 years of age and over)*

|                                                                    | <i>Maintained<br/>Schools</i> |       | <i>Independent<br/>Schools</i> |      |
|--------------------------------------------------------------------|-------------------------------|-------|--------------------------------|------|
| No. of eligible pupils ... ..                                      | 2910                          |       | 942                            |      |
| No. of consents received... ..                                     | 2437                          |       | 410                            |      |
| No. skin tested ... ..                                             | 2240                          |       | 386                            |      |
| Positive reactors to skin test ... ..                              | 234                           |       | 116                            |      |
| Post-vaccination positive ... ..                                   | 51                            |       | 3                              |      |
| Vaccinated ... ..                                                  | 1806                          |       | 235                            |      |
|                                                                    | 1963                          | 1962  | 1963                           | 1962 |
|                                                                    | %                             | %     | %                              | %    |
| Consents received as % of those eligible ... ..                    | 83.7                          | 81.75 | 43.5                           | 45.9 |
| Positive reactors as % of skin tests ... ..                        | 10.4                          | 9.2   | 30.1                           | 10.2 |
| Positive reactors + those vaccinated as % of those eligible ... .. | 70.1                          | 64.4  | 37.3                           | 39.1 |

Children who have had B.C.G. Vaccination less than five years ago are not given a skin test. The skin tests given to children who were vaccinated more than five years ago have consistently positive results.

All positive reactors were referred to the chest clinic for X-ray (see page 37).

### *Colleges of Further Education*

Students, who had not received B.C.G. Vaccination at an earlier age, were offered the skin test and vaccination. Positive reactors were referred to the chest clinic for X-ray.

118 consents were received.

42 per cent of those skin tested were positive reactors.

45 per cent of those skin tested were vaccinated.

Many students from overseas were positive reactors.

The B.C.G. Vaccinations and the results of X-rays are notified to the family doctors.

### *Mass X-ray*

The East Sussex Mass Radiography Unit is based in Brighton.

The Director of the Unit, Dr. B. C. Rigden, has kindly sent me the following particulars of examinations carried out in Brighton during the year.

| <i>Age</i>      | <i>Number X-Rayed</i> |               | <i>Total</i> |
|-----------------|-----------------------|---------------|--------------|
|                 | <i>Male</i>           | <i>Female</i> |              |
| 15 and under    | 201                   | 227           | 428          |
| 16/25 ...       | 1829                  | 2008          | 3837         |
| 26/35 ...       | 1187                  | 1046          | 2233         |
| 36/45 ...       | 1181                  | 1327          | 2508         |
| 46/59 ...       | 1478                  | 1526          | 3004         |
| 60 and over ... | 806                   | 642           | 1448         |
| TOTALS ...      | 6682                  | 6776          | 13458        |

Of the above total 2,855 people were sent to the unit for X-ray examination by their family doctors.

### **ASSISTANCE FROM THE HEDGCOCK BEQUEST**

An allocation is made to this Department from a charitable bequest which is used mainly for the benefit of patients suffering from tuberculosis, and the aged.

Expenditure during the year was as follows:

|                                                | <i>£</i>    | <i>s.</i> | <i>d.</i> |
|------------------------------------------------|-------------|-----------|-----------|
| Hire of lorry for carrying gift of furniture   | 4           | 12        | 6         |
| Books                                          | 5           | 0         | 0         |
| Household linen and floor covering             | 9           | 10        | 0         |
| Hire of coach for summer outing                | 7           | 0         | 0         |
| Payment of electricity account                 | 9           | 10        | 0         |
| Tuition fees                                   | 2           | 10        | 0         |
| Arrears of rent                                | 24          | 19        | 7         |
| Kennel fees for dog while patient convalescing | 4           | 0         | 0         |
| Re-decoration of property                      | 22          | 0         | 0         |
| Clothing                                       | 44          | 13        | 5         |
| Fireguard                                      | 1           | 12        | 5         |
| Grant to attend parent's funeral               | 3           | 14        | 0         |
|                                                | <u>£139</u> | <u>1</u>  | <u>11</u> |

**PREVENTION OF ILLNESS—CARE AND AFTER-CARE—OTHER:***Care of the Aged*

|                                                                                  |       |
|----------------------------------------------------------------------------------|-------|
| No. of aged persons on the Register ... ..                                       | 4,210 |
| No. of visits made during the year by the Old Persons' Health Visitors ... ..    | 3,932 |
| No. of visits made during the year by the District Health Visitors               | 4,054 |
| No. of visits made to the aged by part-time assistant ... ..                     | 662   |
| No. of visits made to the aged by Social Workers, including convalescence ... .. | 233   |
| No. of requests for various services as follows:                                 |       |
| Home Help ... ..                                                                 | 432   |
| Laundry Service ... ..                                                           | 70    |
| Meals on Wheels ... ..                                                           | 331   |
| Convalescent Holidays ... ..                                                     | 113   |
| Waiting list for Homes 31/12/63 ... ..                                           | 697   |

The number of aged persons requiring help and support from the Department continues to increase, this year by 360. 3,870 contacts with other Agencies were made on their behalf and 378 interviews were held in the office with aged persons or relatives.

Weekly visits by the Old Persons' Health Visitor to the Royal Sussex County Hospital, the Eye Hospital, New Sussex Hospital, and Brighton General Hospital and their Geriatric Unit have taken place. Visits to the wards of St. Francis Hospital to see those aged already known to us where contact is thought to be helpful, have been made, but necessity for this has decreased with the close liaison with the Mental Welfare Officers.

Consultations with the Welfare Services and Housing Departments and joint domiciliary visits with psychiatrists in connection with individuals already known to the Old Persons' Health Visitor have also been made. The family doctors have approached the Department, before a crisis is reached, in the majority of cases. Requests for reports by the Housing Department have increased this year, probably due to the conditions mentioned in this report.

During the winter of 1963 the severe snow falls and prolonged bitter weather emphasized the importance of small flats or flatlets for the elderly, with centrally controlled heating and maintenance. Even where housing conditions were good, services laid on, and the more active members of the family visiting regularly to give support, the necessary continuity of the domestic arrangements for the home often broke down owing to dislocation of transport. In addition there were the inevitable frozen pipes with flooding and lack of water and heating for the old people.

This year also shows the full impact of the lack of private accommodation in Brighton for the aged. With the increasing number of students attending the university and other colleges the small inexpensive flat or flatlet, which is all the aged can afford, is daily becoming more difficult to obtain. The notice to tenants of furnished accommodation which was often given in the holiday months and rescinded in the winter does not operate as it did in past years. Landladies, particularly elderly ones, do not want the additional responsibility of an old person with the accompanying hazards of the aged which includes the difficulty of obtaining their admission to hospital or residential care should it be required suddenly. The lack of residential facilities is felt by many of our clients and causes much mental stress and physical fatigue and insecurity, which makes care by domiciliary services difficult to arrange.

I have again to refer to the constant demand for 24-hour domiciliary services. This is an ideal which cannot be met while the Corporation services for the aged remain fragmented. In any case the fiction of 24-hour support too often covers an impossible situation often in squalid circumstances which eventually have to be dealt with by removal to residential accommodation.

Continuity of help is maintained by frequent visits of the Old Persons' Health Visitor and emergency cover at the weekend by the part-time assistant, whose visits have increased by 229. Although needs have been met by the domiciliary services there still remains a gap to be filled. There are those who are willing to have, and need, assistance with their personal toilet once or twice a week, sometimes more often. This is the very frail, or arthritic elderly person not requiring the skill of a nurse, but beyond the province of the home help.

Nursing Homes are now so expensive that they can no longer be considered by relatives young or old unless they are to be burdened with a debt they cannot meet. Where single rooms are necessary the cost is extremely high; convalescent holidays have been of assistance here. Night sitting has been arranged occasionally in emergency but it is difficult owing to lack of suitable people to meet this need. The Laundry Service shows slight increase but the provision of soluble pads for the incontinent has been of considerable assistance. Baths and chiropody were arranged and have been much appreciated.

In spite of the difficulties mentioned there is less reluctance to accept services than was noticeable four years ago and much more interest is shown, by the less elderly in particular, in the preventive advice and help measures brought to their notice.

#### SECTION 47, NATIONAL ASSISTANCE ACT 1948

*Mrs. M. (78)*

The above lived in a small rather poverty-stricken bed-sitting room. She became known to the Health Department on September 18th 1962, when she had a severe attack of bronchitis. Clothing and other necessities were provided for her and National Assistance was arranged. Her son lived in a single bed-sitting room close at hand and required supervision from his mother from time to time.

On 29th January 1963 Mrs. M. became seriously ill and required treatment in hospital. Intensive care could not be given in her home and the hospital bed, arranged by her family doctor, was refused. I insisted and she agreed to go, having been reassured as to her son's care while absent; but when her transport arrived, she refused to go. Her condition deteriorated and on 1st February 1963 she was removed to hospital.

Contact was kept by visiting her and at the end of two months Mrs. M. was fit to be discharged to a vacancy offered in a Welfare Home. Mrs. M. refused to consider this and it was agreed to allow her to return home with the services of a Queen's Nurse, Home Help, Meals on Wheels and visits and supervision by the Old Persons' Health Visitor. She continued to reside in her home, near her son, until September 15th but she died suddenly of heart failure.

Necessary supervision was arranged for the care of her son.

*Mrs. B. (82)*

The above became known to the Health Department on 8th April 1960. She had been widowed for many years and lived in a three-roomed shack on the side of a hill near Brighton. She had been born in this home, which was now derelict. The old lady obtained her water from a tap at the side of the road some distance away which she fetched daily in a bucket, down a rough pathway. All that could be seen from the road was a chimney. Heating was obtained from an old-fashioned kitchen range, on which she did her cooking, and candles were used for lighting. There was no sanitation. Her only companion was a huge black cat, which she had had for many years. When first known, she was active and walked twice weekly three miles into Brighton to do her shopping.

Her house was very dark and sparsely furnished, but clean. Although Mrs. B. was practically blind and was registered as such, she knew every nook and cranny. When she was not well she applied methods of treatment she considered necessary and took herbal remedies. She was adamant that she wished to retain her independence and, apart from the visitors concerned with her welfare, refused any offers of help or rehousing. Her nutrition was good on the whole and it was agreed that efforts should be made to persuade her, as she deteriorated, to accept help.

On 23rd March 1961 it was necessary for water to be carried to Mrs. B. as she was becoming more frail. Arrangements were made with friends in the area to do this. After a month or so it was not possible to continue these arrangements and the Department supplied sufficient water weekly for the needs of Mrs. B. She was delighted with the arrangements. I visited this lady on several occasions and in May 1962 she started to deteriorate slightly. During the summer months she recovered and still continued to do her shopping and go out. Her water supply was continued by the Health Department. In November her sitting room was freshened up and the walls colour-washed and she appeared to be comfortably settled for the winter.

On 2nd January 1963 large snow drifts blocked the surrounding lane and cut off Mrs. B. from her water and food supplies. She refused to consider removal to a Welfare Home, although offered accommodation. Supplies were continued for 24 hours to give Mrs. B. time to consider the offer. On January 3rd severe snow falls took place and after being visited again with great difficulty, a Court Order for removal was obtained.

Mrs. B. was removed in the late afternoon. Her transport was supervised and was extremely difficult as no vehicle could negotiate the track to her home and this necessitated her being carried for well over a mile by ambulance personnel. Arrangements were made for the care of her cat, to which she was very attached, and this, too, was removed with some difficulty. Mrs. B. settled down in the Home, but died in September of the same year.

### *Mrs. A (70).*

This lady who became known to the Health Department in December 1959, was a widow. She lived alone in a bed-sitting room. She suffered from acute arthritis of the hands and lower limbs. When first visited, she was able to cook herself a meal and get to the bathroom and toilet. In her younger days she had been a State Registered Nurse. Her family had been rejected, including her only son, she had become antagonistic and it was difficult to make contact with her. Mrs. A. refused to consider treatment and was determined to remain independent. Six weeks before the first visit she had been able to go out to dinner each evening and had led an active life. She had consulted doctors privately and, although in great pain, was firmly convinced that nothing could be done. The doctors had visited and suggested hospital appointments for her, which she did not keep.

From time to time relatives tried to help but she remained in her room, refusing all services, apart from occasional shopping which was done by persons in the house and the caretaker. She also accepted an occasional visit from the Old Persons' Health Visitor. In December 1960 her arthritic condition became worse and she found it difficult to dress and wash, and requested a visit from a doctor, but she very rarely took the medicine prescribed and refused to consider further treatment. She became a recluse, with her curtains drawn until midday, and remained in bed until late afternoon. She was perfectly rational, but adamant in her refusal to accept domiciliary services. In July 1962 Mrs. A. became forgetful and almost bed-ridden. Again the doctor was called, at her request, but she refused his advice and help. The other tenants in the house

gave a great deal of help at this time and this kept Mrs. A. fairly well-nourished.

In September 1962, further deterioration took place and movement became very restricted. I visited but she continued to refuse help. Many efforts were made from time to time to keep her interested in treatment and to move her for a few hours out of her darkened room, in order to stimulate her desire to get about again, but to no purpose. Mrs. A. was, and always had been, an ardent reader and continued to have library books each week, also the daily newspaper. She remained mentally alert and clear during these years.

In March 1963, although she had now been persuaded to accept regular visits from her family doctor she still refused to accept any services from outside, and the responsibility and care given by friends in the household, including the landlady, were increased. There was the hazard of fire from her gas stove as she started to fall when out of bed.

Visits continued from the Old Persons' Health Visitor and Mrs. A's family also visited. However, she became incontinent and her personal care neglected, and finally, on October 17th 1963, was removed to hospital, where she died four months later.

### *Mrs. T. (93)*

This lady became known to the Department in November 1959. In her advancing years she had become forgetful, drawing money from her bank and then losing it. She lived in the past but was mobile and active. She lived alone in the bungalow, which she owned, and a relative lived near who was a widow and also aged, but gave what assistance Mrs. T. would accept, which was very little. Mrs. T. had been a nurse and governess to a member of the Russian aristocracy and her personality, even at this late age, was forceful and dominant. She refused all services but consented to see the Old Persons' Health Visitor from time to time. She did her shopping by weekly orders from the nearby shopping centre and this was delivered.

In 1961 she began to accuse her relative, and others, of stealing money and became very suspicious, but managed to continue with the running of her household, on a somewhat lower standard. On 9th April 1962 Mrs. T. agreed to have a Home Help and Meals on Wheels. These were arranged, in conjunction with the relatives, who were to let them in, but when they arrived at the door they were refused admittance. On 15th May she had her first fall, but no serious injury. In early June Mrs. T. became too frail to manage alone. Her aged relative tried to cope with the situation and Mrs. T. took to her bed. She refused all offers of help, including a Queen's Nurse but the Old Persons' Health Visitor was still allowed to look in. Two weeks later she became incontinent. Her relatives visited daily. Mrs. T. was rational and still refused to accept any services. In July the laundry service was arranged twice weekly. This was accepted. Again a Home Help and Meals on Wheels were offered, but refused. Admission to hospital was also offered, but she refused to go. At this point I visited Mrs. T. and she agreed to have a Queen's Nurse. She became doubly incontinent and had a nurse once and then refused further help. Mrs. T. was now bed-ridden, but got up with the aid of a relative to go to the toilet. However, her relative became distraught and, although it was suggested, refused to give up her care and, in consequence, her health deteriorated also. The laundry was now collected three times weekly.

In March 1963 I again visited. Her relative was on the verge of a breakdown and Mrs. T. was neglected and bed-ridden, but still refused to consider other care. In June she was visited again with the same result. Her condition deteriorated and on 1st July 1963 she was removed to hospital, where she settled down: she died six months later.

*Convalescent and Recuperative Holidays*

|                      |     |     |     |     | <i>G.P. Referrals</i> |
|----------------------|-----|-----|-----|-----|-----------------------|
| Children             | ... | ... | ... | ... | 3                     |
| Mothers and Children | ... | ... | ... | ... | 5                     |
| Adults               | ... | ... | ... | ... | 20                    |
| Geriatrics           | ... | ... | ... | ... | 93                    |

Cancellations from two adults and eight geriatric cases and one mother and child were received.

Although it was thought unnecessary to book a bed at Patcham Grange W.V.S. Nursing Home this year, several patients were placed there in order to relieve their relatives so that they might take an annual holiday.

The greatest possible care has been exercised when arranging convalescence. In every case the patients' own preferences were taken into consideration, and careful interviewing has resulted in some very beneficial results by the Social Workers. The demand, particularly for geriatrics, shows a slight rise when compared with last year's figures.

*Travelling Assistance*

Assistance towards the cost of rail fares to visit relatives in hospital was granted in four instances.

**YELLOW FEVER VACCINATION**

The Vaccination Centre has been open on Wednesday and Thursday afternoons.

1,251 persons were vaccinated against Yellow Fever in 1963, 121 more than in 1962.

**CHIROPODY SERVICE**

This service is now staffed by one full-time and two part-time chiropodists employed by the Authority and treatment is provided at the Herbert Hone Clinic or in the patient's home. In addition chiropody treatment is provided at a mental after-care home and at Downs View Training Centre.

Detailed below are the statistics of the service for 1963 with the equivalent figures for 1962 in parenthesis.

|                                           |
|-------------------------------------------|
| Number of patients: 413, aged domiciliary |
| 10 mental after care                      |
| 16 Downs View trainees                    |
| 410, aged attending clinic                |
| 4 physically handicapped                  |
| <hr/> 853 (631)                           |

|                                     |             |
|-------------------------------------|-------------|
| Number of attendances at Clinic ... | 2297 (1970) |
| Number of domiciliary visits ...    | 1909 (1209) |

The increased attendances and visits reflect the expansion of this valuable service. There is still a long waiting list and a further increase in the number of sessions is desirable.

**LOAN OF EQUIPMENT**

A wide variety of equipment is available to patients from various sources on payment of a small fee. The local health authority service, apart from a number of commodes issued free on more or less permanent loan to the aged, is managed by the Brighton District Nursing Association (see page 31). In addition the British Red Cross Society maintain a central loan depot and a branch depot at Rottingdean, and most chemists also lend equipment.

## DOMESTIC HELP SERVICE

The object of this service is to provide help in the home when no other assistance is available.

Supervision is carried out by the Organiser and four assistants. Of the latter, each has a district approximating to one-quarter of the town, in which area she is responsible for allocating the home helps to the applicants.

This year an initial visit was made to all new patients before help was sent, except in cases where the need was represented by some responsible person as being of great urgency. Routine supervisory calls were then made as frequently as appeared necessary.

For their visits the organisers use either public transport or the recently purchased mini-van. The latter has proved a great time-saver, especially for making initial enquiries.

Requests for assistance have been received from general practitioners, midwives, almoners, district nurses, health visitors and social workers and no help has been given without a recommendation from some such appropriate person.

In past years it has been possible on occasions to help families of small children in the absence of the mothers. This year the Children's Officer requested that more assistance should be made available for this type of family as an alternative to taking the children into care. The request was made late in 1963 and a home help was provided for the one case referred.

The Organiser and three of the assistants are members of the Institute of Home Help Organisers. The Organiser and one assistant attended the two-day Summer School of the Institute, and the members of the Southern Branch held their half-yearly meeting at the Health Department in Brighton in October. One assistant organiser satisfactorily completed the examination for the certificate of the Institute this year.

Recruitment of home helps has been adequate. New applicants for appointment are seen and the work they will be required to do is fully explained to them. If they then wish they are placed on a waiting list to be sent for as vacancies arise. Before actual assignment to patients they are again interviewed, required to produce satisfactory references, and to have had a recent successful chest X-ray. The X-ray is repeated annually.

At the end of the year there were 213 part-time home helps, a whole-time equivalent of 117.

Every effort is made to encourage the home helps to regard themselves as members of the Health Department team, alive to the social needs of the patients they are helping so admirably, and the response has been gratifying. During the year a day's outing was organised which was greatly appreciated by those who came along. It is hoped to repeat this kind of function in the future.

A total of 1,525 requests for help was received, and home helps were sent to 1,002 of these. The remainder either were not supported by necessary medical recommendations or, applications having been made on their behalf, the patients did not wish to have help, or had made alternative arrangements.

Charges are levied according to agreed principles of assessment, accounts prepared and forwarded, and the necessary financial records maintained in conjunction with the Borough Treasurer's Department. Administration is based on the suggestions of the O. & M. team.

During the year 213 home helps worked 246,702 hours on the following cases:

|                                       |     |     |     |     |     |      |
|---------------------------------------|-----|-----|-----|-----|-----|------|
| Maternity ...                         | ... | ... | ... | ... | ... | 156  |
| Acute sickness ...                    | ... | ... | ... | ... | ... | 123  |
| Chronic sickness ...                  | ... | ... | ... | ... | ... | 154  |
| Old people ...                        | ... | ... | ... | ... | ... | 1421 |
| Tuberculosis ...                      | ... | ... | ... | ... | ... | 18   |
| Referred by Children's Department ... | ... | ... | ... | ... | ... | 1    |
| Others ...                            | ... | ... | ... | ... | ... | 2    |
|                                       |     |     |     |     |     | 1875 |

(included above are 873 cases brought forward from 1962)

The Cleansing Centre continued laundering where considered necessary either on account of the lack of facilities in the home or because of the condition of the articles to be dealt with. (For fuller details of this Service, see page 88).

I am indebted to the Director of Welfare Services for the following information on blindness, epilepsy and spastics:

### INCIDENCE OF BLINDNESS

#### A. Follow-up of Registered Blind and Partially Sighted Persons

|                                                                                                         | CAUSE OF DISABILITY |          |                         |        |
|---------------------------------------------------------------------------------------------------------|---------------------|----------|-------------------------|--------|
|                                                                                                         | Cataract            | Glaucoma | Retrolental Fibroplasia | Others |
| (i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends: |                     |          |                         |        |
| (a) No treatment ...                                                                                    | 5                   | 2        | —                       | 25     |
| (b) Treatment (medical, surgical or optical) ...                                                        | 6                   | 8        | —                       | 14     |
| (ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...             | 3                   | 8        | —                       | 12     |

In the above table the figures given relate to the primary ocular disease given on forms B.D.8, but in

(i) (a) Complications and sequelae are given in eight cases, of which four are cataract and four others.

(b) Complications and sequelae are given in 15 cases, of which 10 are cataract, one is glaucoma and four others.

Of the 28 cases in 1(b) of Table A, 24 were already patients at an Eye Hospital and 22 of these continued to attend; two were later admitted to chronic wards of hospital. Of the remaining four, two were already patients in hospital, one has left the area and one receives treatment through his own doctor.

The number of Forms B.D.8 received in respect of persons newly certified as blind or partially-sighted was 60.

#### B. Ophthalmia neonatorum

|                                                    |   |
|----------------------------------------------------|---|
| (i) Total number of cases notified during the year | 8 |
| * (ii) Number of cases in which:                   |   |
| (a) Vision lost ...                                | — |
| (b) Vision impaired ...                            | — |
| (c) Treatment continuing at end of year ...        | — |

\*One baby removed from Brighton and I have no information.

## EPILEPTICS AND SPASTICS

### 1. EPILEPSY

At the end of the year there were 32 epileptics on the Handicapped Persons' register.

#### *Part III Accommodation*

Four people were maintained at the Chalfont Colony, but one girl had to be transferred during the year to long-stay hospital accommodation. One woman was maintained at Lingfield Colony, and one young man received special training there. One woman was in a local Old Folk's Home.

#### *Employment*

Four people were in full-time employment.

#### *Educational*

Two children were maintained at special schools. There was none in ordinary schools.

#### *General*

Two persons are long term cases at St. Francis Hospital. As mentioned in last year's report, two women attended the Welfare Services Department's Craft Centre, and one man attended the Health Department's Occupational Therapy classes.

### 2. CEREBRAL PALSY

At the end of the year there were 33 persons on the register. Six new cases were added during the year.

#### *Part III Accommodation*

Nine people were maintained in Part III accommodation. Five of these were new admissions.

#### *Holidays*

The Welfare Services Department arranged and paid for holidays for three adults and assisted with arrangements for one child.

#### *Educational*

Three girls were maintained by the Education Department at Chailey Heritage Hospital School, but two of these were transferred to Part III accommodation during the year. Two children attended special classes locally, one child was at ordinary school and two at special residential schools.

#### *Appliances*

Two further Amesbury chairs and one special commode chair were provided for spastic children.

#### *Employment*

Three girls were in full-time employment.

## MENTAL HEALTH SERVICE

Senior Assistant Medical Officer of Health:  
Dr. Margaret Spencer  
Chief Administrative Mental Welfare Officer:  
Mr. T. Rasmussen

1963 was a year of expansion and consolidation in the Mental Health Service. Preparations for the new social club were put in hand during the year leading to its opening early in January 1964. Details of the club appear below. Premises were acquired for a hostel for patients discharged from mental hospital and plans for its adaptation are still being considered. In the meantime full use is being made of privately run homes and in some cases supplementary payments for accommodation are made by the Department. An account of one of these is given later in the report.

### *Mental Welfare Officers*

We are fortunate that despite an increase in establishment the full staff of mental welfare officers has been maintained. This happy position may not continue in the future while tempting offers of higher remuneration are made by other authorities. The follow-up and after-care service has been kept at an adequate level. In addition this work has been greatly facilitated by provision of extra transport. An example of the after-care work carried out by the Mental Welfare Officer is given later.

During the year a mental welfare officer was sent to London University for post-graduate training and subsequently qualified for psychiatric social work. This may well be the pattern for the future with the further training of officers as envisaged in the Younghusband Report. The appointment of a Home Instructor has now been approved.

Plans are in hand for a temporary extension to Downs View Training Centre to be opened in 1964. This will help to reduce the overcrowding in certain classes at the Centre until further permanent facilities are available.

Mental Health Services are based at the Herbert Hone Clinic. Five psychiatric follow-up clinics are provided at these premises for patients discharged from St. Francis Hospital. The clinics are staffed by psychiatrists from the hospital and by mental welfare officers and receptionists on the staff of the Health Department. This arrangement provides for efficient co-operation between the hospital and the after-care services of the Local Health Authority.

I wish to acknowledge the wholehearted co-operation and help of Dr. R. H. Wheeler, Physician Superintendent of St. Francis Hospital, who is psychiatric adviser to the Department.

### *The 18 Club*

A house was purchased in 1962 to be used as a Social Club for the mentally sick, many of whom live alone, have few friends and are mainly unemployable. This isolation from the community causes deterioration in most cases. Social clubs in many areas have been found to be of considerable value in preventing a relapse and, in some cases, bringing sufficient stability to patients to make them employable. The Social Club at Bromley in Kent, known as Stepping Stones, has been visited by the Medical Officer of Health, Dr. Wheeler, the Psychiatric Adviser to the Health Department, and all the staff of the Mental Health Section. When the Warden of the Club was appointed in November his first duty was to spend nearly two weeks at Stepping Stones and study their methods. The atmosphere must be friendly and informal, with en-

couragement to all members to belong to some of the group activities such as handicraft, drama, music and discussion, and "Social Sessions" for dancing and games can be organised at regular intervals, mainly in the evenings.

Occupational Therapists, skilled in all kinds of group activities, are to be engaged in addition to the present occupational therapist, who has worked with the small Occupational Therapy group in Royal York Buildings for a number of years. Club members will be recruited from many sections of the Health Department and also voluntary helpers from the general public.

### *Psychiatric Emergency Unit, Brighton General Hospital*

From 1st January, 1963, at the request of Dr. Stead, Consultant Psychiatrist, a mental welfare officer attends 5 half-day sessions a week at the above unit. Admissions here are mainly for assessment, and whilst a number of patients go on to St. Francis Hospital for treatment, it is found in quite a number of cases that social problems are the cause of the trouble. The M.W.O. carries out investigation work gathering information from relatives and friends as to the circumstances leading to the admission of the patient and any other facts, family history etc., which might be of assistance to the Psychiatrist. Where the Psychiatrist is satisfied that the problem is a social one, the case is referred to the M.W.O. who visits the home and assists and advises in any way possible to relieve the situation. One of the main problems is that of accommodation. A number of patients admitted in a disturbed state, clear up in a few days with proper care and attention, but find that their previous furnished room is no longer available, or that their landlord will not have them back on account of the disturbance which led to their admission to hospital. It then falls to the M.W.O. to find suitable accommodation for them so that they may be discharged as soon as possible. This is a time-consuming job, necessitating many visits and enquiries, searching newsagents' advertisements boards etc., and finally taking the patient and seeing him or her satisfactorily settled in, arranging National Assistance, plus any domiciliary services, home helps etc., if required. Where recommended by the Consultant, follow-up visits are carried out on a number of patients after discharge, for the purpose of general support. A number of these have been accepted at the "18" Club. All this goes a long way in keeping a patient in the community and preventing further breakdown.

From 1st January, 1964, a full-time psychiatric social worker will be appointed to the unit. Her work will consist mainly in sorting out patients' problems whilst in hospital, interviewing relatives who visit and obtaining full social histories of patients, especially those going on to the mental hospital where such histories are of great assistance to the psychiatrist in charge of the patients' treatment.

Although a P.S.W. has been appointed, the Consultant Psychiatrist expressed the opinion that the M.W.O. should still work in the unit, and this arrangement is therefore being continued. The M.W.O. is therefore also readily available for any statutory duties under the Mental Health Act 1959 with regard to any patients who may require compulsory detention in hospital.

There is no doubt that the regular attendance of a Mental Welfare Officer with local knowledge is of considerable value to the unit.

### *Mental After Care*

Set out below is a résumé of a single case dealt with by one of the mental welfare officers. This gives an indication of the degree of co-operation and co-ordination which has to be achieved between the various agencies. Success in dealing with the social problems involved in this case is an indication of the willing help which was given to the officers involved.

The patient, Mrs. X, who is the mother of five children, is legally separated from her husband and is cohabiting with another man, Mr. C. The case was referred to this Department in the first place by the Consultant Psychiatrist who saw her at the Psychiatric Out Patient Clinic. As a number of different departments and agencies were involved a case conference of representatives from the Health, Children's, and Welfare Services departments was called to decide on action to be taken and to ensure co-ordination.

Mrs. X was suffering from paranoid schizophrenia and chronic hallucinosis and although drugs had been prescribed she was not taking them regularly. Arising from her condition the council house which she occupied was in a deplorable condition being both dirty and in need of redecoration. Mr. C. was out of work.

As a first move for the rehabilitation of this family it was decided (on the recommendation of her general practitioner) to send Mrs. X on a convalescent holiday. The Children's Department agreed to take the children into care while the mother was away. The possibility of her eldest child being taken into permanent care was considered. Meanwhile the Housing Department prepared a specification of the repairs and redecoration required to put the house in proper order. The Welfare Services Department agreed to provide articles needed to replace existing furniture and effects which were in a deplorable condition.

It was then discovered that money was missing from the electricity meter and as a result the electricity supply was disconnected. The mental welfare officer was able to arrange for the electricity supply to be re-connected. The patient was brought before the court on a charge of larceny and was remanded for one week for a report from the Consultant Psychiatrist. When she next appeared she was conditionally discharged. The next day Mrs. X went on the convalescent holiday. The plan for the rehabilitation of this family was now put in hand. While Mrs. X was on holiday the Sister at the Holiday Home saw that she took her drugs regularly. With the encouragement of the mental welfare officer Mr. C. redecorated the council house with materials supplied by the Health Department. On completion of the redecoration the Welfare Services Department delivered the replacement furniture and household goods. When Mrs. X returned from holiday the Health Visitor commenced regular visiting to help and advise her on home management. The mental welfare officer was also visiting regularly to ensure that the patient was taking her drugs. As home conditions improved the children, with the exception of the eldest, were returned home from the care of the Children's Department. The mental welfare officer had meanwhile approached the employment officer of the Ministry of Labour and Mr. C was found employment.

The patient is now maintaining herself, her home and her children in a state of cleanliness; she has continued her pattern of drug treatment which has kept her state of mental health within reasonable bounds. She no longer hears "voices" and is able to go out and do shopping. She sees her general practitioner regularly to get tablets and he is satisfied with her condition.

This satisfactory state has been brought about by the willingness of the various agencies to co-operate and co-ordinate their services and to work together with the object of rehabilitating a family.

### *Residential Accommodation*

A privately owned house was registered as a Home for mentally disordered patients in March 1963.

Fourteen adult female patients, the permitted number, were quickly placed there, mainly coming straight from St. Francis Hospital though a few were admitted from other but unsuitable accommodation in Brighton. At the

present time there is a waiting list for admission from hospital but as the patients are all middle-aged or elderly and unsuitable to go out to work, and homeless, vacancies only occur when one of them is re-admitted to hospital. One patient has died, aged 75, and another aged 78 was nursed through a stroke and has now become active and independent.

Three patients are not considered capable of managing their own affairs and the Health Department acts as their agent. A Social Worker visits the house twice weekly and the Medical Officer responsible for Mental Health visits every three to four weeks. The support thus given is of great help to the owners of the Home who otherwise could not manage alone the problems of fourteen mentally disordered women.

### *Downs View Training Centre*

The Training Centre re-opened in January 1963 with 95 on the register:— 15 nursery, 40 children of school age and 40 adults. By the end of the year numbers had reached a total of 125, i.e. 15 nursery, 60 school age and 50 adults.

Training at the Junior Centre resulted in steady progress being shown at each six-monthly testing.

On the adult side the general training was augmented by social rehabilitation programmes, and physical training. The care of the grounds and development of the fruit, vegetables and flower gardens gave an added interest.

Contracts were obtained in light industry, allowing the more traditional basket work etc. to be superseded and, by October, £1 per week could be paid to each trainee from the income received.

There is an establishment of two trainee supervisors one of whom will be sent in turn on a National Association for Mental Health Diploma Course for teachers of the mentally handicapped. It is anticipated that when qualified they will be absorbed into the staff of the Training Centre.

A second mini-bus was put into use for the collection of children for the nursery section.

### *New Activities*

Some from the Senior classes here joined the adults in groups of 20 attending swimming lessons at St. Luke's Baths between May and October. Many had never been in the sea or swimming baths before but enjoyed the new experience immensely and three pupils learnt to swim.

The same age groups attended an evening Youth Club run by the Superintendent, in the Adult Section weekly. The Society for Mentally Handicapped Children gave considerable financial assistance. Some 30 normal young people also joined and all enjoyed music, dancing and games with a big firework display in November, and a Christmas Dance.

The whole Centre went to the pantomime in January, Chessington Zoo in the summer and the Ice Show in the autumn. Again the Society for Mentally Handicapped Children gave considerable financial assistance.

The Southern Players, a small travelling dramatic company, gave a performance of "A Midsummer Night's Dream" at the Centre in the autumn and at Christmas the children and adults gave an excellent pantomime followed by traditional Christmas dinner, Father Christmas and Christmas parties.

The National Association for Mental Health London Course of 30 students spent a day of observation at the Centre, and four of their students attended the Centre for a 6-weeks' training period.

There were also a great many other visitors both professional and lay, British and foreign. Many of these were young students and to them especially

it was a surprise that people of such low intelligence could be trained to accomplish so much and to enjoy themselves so much too.

Downs View was planned as one of two centres. Carrying the double load as it does, problems of overcrowding are already arising. It is hoped to achieve some relief by a temporary extension in the near future.

### *Guardianship Society*

Seven adult subnormals attend the Society's Training Centre on a part-time basis and two juniors attend full-time. The Society supervises four cases in their homes on behalf of this authority.

### *Mental Nursing Homes*

Five nursing homes are registered under the Mental Health Act 1959. 47 beds are provided for persons suffering from mental illness.

## **NURSING HOMES**

One nursing home was registered.

The number of Nursing Homes on the register at the end of the year was

|                         |     |     |     |     |
|-------------------------|-----|-----|-----|-----|
| Maternity Homes         | ... | ... | ... | Nil |
| Other Homes             | ... | ... | ... | 18  |
| Total number of beds... | ... | ... | ... | 308 |

For Mental Nursing Homes see above.

The routine inspection of the Nursing Homes is undertaken by the Chief Nursing Officer and a member of the Public Health Inspectors' staff.

## **NURSES' AGENCY**

At the end of the year there were 29 State Registered Nurses (including 1 male), 4 State Enrolled Nurses and 1 Children's Nurse on the register of the one licensed agency.

## **VERMINOUS CASES**

Individual verminous cases cleansed were as follows:

|                           |     |     |                                |
|---------------------------|-----|-----|--------------------------------|
| Cleansing Centre          | ... | ... | 40 (see also page 88)          |
| Welfare Services premises | ... | Nil |                                |
| School Clinic Centre      | ... | ... | 236 (see also page 16)         |
|                           |     |     | School Health Service Section) |

## **REHOUSING ON MEDICAL GROUNDS**

Applications for rehousing on medical grounds are scrutinized and after inspection of the property my comments are considered by the Housing Committee. The applications are limited to those already on the housing list or in Corporation houses.

## **BRIGHTON PUBLIC MORTUARY**

The day-to-day administration is carried out by Mr. H. G. Garrett, the Superintendent of the Cemetery and Crematorium.

During the year 292 bodies were received and 258 post-mortem examinations were carried out.

As could be expected from a new building the first year's working presented a few problems. It was found that the 12 refrigerated compartments were insufficient. By altering the racks it was possible to increase the compartments to 16.

## **CREMATIONS AT MUNICIPAL CREMATORIUM**

During the year there were 1,878 cremations compared with 1,706 in 1962. The large increase over the previous year was due to the high death rate during the severe weather at the beginning of 1963.

There is also a private crematorium with its own medical referees.

## **ADMINISTRATION**

It is difficult in a complex organization with many varying and yet interlocking functions to keep the staff fully informed in matters of policy, new techniques, growth and change of services and, also, to avoid duplication of effort and ensure continuity of purpose. Consequently, some years ago, arrangements were made for senior officers to meet each week when ideas and information could be exchanged. Later this was extended to include monthly meetings of section heads and, finally, a similar monthly meeting was devoted exclusively to Health Education purposes and the preparation of co-ordinated programmes. Opportunity has been taken to invite other officers or representatives of organisations to attend when appropriate. In turn, officers are encouraged to keep their sections fully informed and to invite ideas and suggestions at all levels.

Every year Annual Reports from all over the country are received and these are widely circulated, as well as technical and professional periodicals, memoranda, and minutes of proceedings. Whenever new establishments are opened as many members of the staff as possible are given an opportunity of seeing the premises and appreciating the new services available.

This spread of information, coupled with the opportunity of attending carefully selected courses and the knowledge that ideas are wanted and welcomed, helps to keep enthusiasm alive and suggestions have come from all quarters. Altogether it is felt that these principles have produced a good team spirit and improved co-operation throughout the department.

## **ADMINISTRATIVE AND CLERICAL STAFF — TRAINING**

Since the adoption of the local grading scheme in 1961 there has been a significant increase in the numbers of staff qualified by examination. The facilities of financial assistance, day release and financial benefit following qualification have all contributed to this end. Over 80 per cent of the administrative and clerical staff are now qualified by examination. The shorthand-typists have done even better, with 100 per cent success in advanced typing and shorthand.

Qualified officers are given the opportunity of keeping up to date by attendance at summer schools, Royal Institute of Public Administration courses, and university residential study groups.

## **TRANSPORT**

Car allowances are reviewed annually by the Health and Finance Committees. In 1962, with the co-operation of the O & M Team, a complete survey of the department's transport facilities was undertaken. Following subsequent recommendations, and for the first time, "car mileage pools" were introduced this year.

Formerly car allowances were required to be specifically approved by Committee but under the pool system an annual total mileage is allocated to a section. Necessary journeys of car owners are then authorised by section heads as required and payment allowed at the standard car mileage rate. A current account is maintained to ensure that the block allocation is not exceeded.

As expected the pool gave greater flexibility of use and quickly proved its

usefulness. Following the survey the number of departmental vehicles was also increased and a mini-van was allotted to the Domestic Help Service for the first time.

The total contribution of allowances, pools, and vehicles on this improved scale greatly reduced visiting times and increased the effective and economic use of officers.

A second mini-bus with special harness fittings for carrying young children was made available late in the year, and an additional driver-handyman appointed. Children formerly taken to the Day Nursery by taxi are now carried in this vehicle which will also be used for increased transport demands following the opening of the new social/craft centre at 18 Preston Park Avenue early in 1964, and for journeys to and from Downs View Training Centre.

Consideration was given to the supply of safety belts in cars and following a joint report of the Medical Officer of Health and the General Manager of the Transport Department the Health Committee approved their provision for the municipal midwives and a general purpose car. The latter was fitted before the end of the year and the midwives' cars will be dealt with in 1964.

### **JOINT ADVISORY COUNCIL FOR OCCUPATIONAL HEALTH**

Joint Advisory Councils for Occupational Health are nationally sponsored by the B.M.A. and have been promoted in various parts of Great Britain to discuss the health and medical problems of local industries and to join in national discussion on important principles involved, the primary object being the good health of the worker. A Council was established in Brighton in 1952: it comprises basically twelve members, four members from both sides of industry and four from the medical profession. The organizations sending representatives in Brighton are the Federation of Sussex Industries, the Brighton and Hove Chamber of Commerce, the Brighton and Hove Trades Council and the Brighton and Mid-Sussex Division of the B.M.A. In addition, members are co-opted in accordance with their interest in the subject being discussed. The total local membership is about 30.

In order to co-ordinate the work of the Advisory Councils, the B.M.A. arranges an Annual Conference. The Conference discusses an agreed topic which has been proposed by one or more of the Councils during the previous year. Each Advisory Council studies the subject and submits resolutions for the Annual Conference. The representation at the Conference is tripartite, each Council sending as delegates an employer, an employee and a doctor. In addition, the Occupational Health Committee of the B.M.A. invites observers from interested bodies and ministries. The agreed results of the Conference are notified to appropriate government departments and other organizations.

During 1963 the local Chairman was elected from the Brighton, Hove and District Trades Council representatives, the Vice-Chairman from the B.M.A. and the Treasurer from the Brighton and Hove Chamber of Commerce.

The Medical Officer of Health and his Secretary have been elected to act as Joint Honorary Secretaries to the Advisory Council. By this means liaison with the local branch and the health department is maintained.

The Joint Advisory Council in Brighton agreed in 1959 to collaborate with the Brighton Corporation in connection with the implementation of the Mental Health Act 1959, and the Chief Mental Welfare Officer, the Superintendent of "Downs View", and a Consultant Psychiatrist were co-opted on to the Advisory Council. The Council is, therefore, in a position to advise on mental health industrial problems which may arise.

In 1963 the agreed topic was The Immigrant in Industry. It was felt that it was not the function of the Joint Advisory Council to discuss the employers' and trade union problems but to deal with the subject from the health aspects. Accordingly, Dr. W. T. Jones, Industrial Medical Officer to the Hardy Spicer Company, Birmingham, was invited to speak at a public meeting. He gave an address mentioning language difficulties, safety precautions, religious and cultural differences, housing, family and inter-racial problems. The Annual Conference was held at B.M.A. House in May of 1963.

## RESOLUTIONS PASSED BY CONFERENCE OF ADVISORY COUNCILS ON OCCUPATIONAL HEALTH, MAY 1963 THE IMMIGRANT IN INDUSTRY

### *Advice to Immigrants entering Industry*

1. That this Conference invites the appropriate authorities to compile and issue for circulation to all immigrants entering industry a pamphlet of advice and instruction on the habits, customs and relationships prevailing in industry in Britain and further request that on arrival in this country immigrants should be offered a short course in occupational hygiene, safety and health.

### *Medical examinations*

2. That certain specified diseases should prohibit the admission of immigrants to this country: the British Government should ensure that no immigrant is admitted without a medical examination, and specify the diseases which should bar admission.

3. That this Conference considers that, in order to safeguard the health of immigrants and to restrict the spread of infection among the people of this country, it should be a condition of entry that all immigrants must produce, on arrival, an authenticated medical report supported by chest X-ray and other evidence of good health, and of physical fitness for the work which they expect to undertake.

4. That employers engaging immigrants should be encouraged to insist on a medical examination before acceptance.

### *Employment of Young Immigrants*

5. That this Conference considers, as a matter of urgency, that an enlightened and humanitarian approach should be made by employers, Youth Employment Officers and employees to the problems which appear likely to arise in the employment at school leaving age of children born in this country to coloured immigrants. In particular, this conference calls attention to the possibility of psychological trauma at this most impressionable age from a sense of frustration if facilities for apprenticeship, advancement and promotion are not fully available.

Also during the year under review preparations were made for the Conference to be held the following year, the agreed subject being "The Introduction of Young People to the Accident Risks of Employment". In October 1963, a Safety Officer addressed the Joint Advisory Council. He stressed the importance of training young people in safe methods while they are still at school and again, more specifically, in the factory before they actually start work. Mr. W. S. Moore, H.M. Superintending Inspector of Factories agreed to address a public meeting early in 1964.

*Topics of past Conferences:*

"The Adolescent in Industry".

"Employment of Older Persons".

"Employment of Disabled Persons".

"Optimum Mental Health as a Factor in the Achievement of a high standard of Happiness and Productivity in Industry".

"The Health of Married Women in Industry".

"The Industrial Implications and application of the new Mental Health Act 1959".

"The Best use of Leisure as a factor promoting the health of workers—both during employment and in retirement".

"Practical Steps in the Prevention of Chronic Disease".

Special activities have included:

A One-day Conference on Industrial Dermatitis.

A Stand on Occupational Health by courtesy of the Federation of Sussex Industries at one of their Exhibitions.

Visit to Roffey Park Rehabilitation Centre.

Visit to Middlesex Hospital—Darenth Park.

Help in the distribution of leaflets in the "Guard that Fire" Campaign.

Film on Rehabilitation loaned by Vauxhall Motors Ltd., entitled "Rehabilitation in Industry".

Visit and talk to Tenants of a new block of Offices with regard to medical facilities

Members of the Joint Advisory Council have been concerned about first aid arrangements and medical facilities in smaller factories. The larger concerns find it advantageous to make their own private arrangements. It was felt that when new blocks of factories are being built it would be of benefit to the workers and to the employers, if arrangements for a shared first aid room including facilities for a doctor, were included in the plans.

The Brighton and District Joint Advisory Council now has a dozen years of experience in the field of occupational health. It is in a unique position to examine local problems. It has already offered the Medical Officer of Health considerable guidance on the industrial aspect of the work at "Downs View". In any expansion of local occupational health services the long working arrangement between the medical members and those from both sides of industry has much to offer.

## WATER

I am obliged to Mr. F. Needham Green, B.Sc. (Eng.), A.C.G.I., M.I.C.E., A.M.I.Mech.E., A.M.I.W.E., F.G.S., Waterworks Engineer, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.

2. Bacteriological examinations of both raw and treated waters were made at weekly intervals in the Department's laboratory except in certain instances where bacterial pollution was present in the raw waters, when samples of both raw and chloraminated waters were examined daily. The total number of raw and treated water samples examined from the Pumping Stations, together with a summary of the bacteriological results obtained, is given below.

| Number of<br>Samples<br>Examined | No. showing<br>presence of<br>Coliform<br>Organisms in<br>100 ml. or less | No. showing<br>presence of<br>Faecal Coli<br>in 100 ml.<br>or less | No. showing<br>Coliform<br>Organisms<br>absent from<br>100 ml. |
|----------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------|
| 1,467                            | 282                                                                       | 196                                                                | 1,181                                                          |

Colony counts at 22°C after 3 days' and 37°C after one day's incubation were generally low in number.

Six samples of treated water, out of a total of 902 samples examined showed the presence of coliform organisms. Three of these were from Balsdean Pumping Station, one from Shoreham and the remaining 2 from Lewes Road Pumping Station. It is felt that these results were due to faulty sampling technique rather than to faulty treatment of the raw waters concerned.

It has been necessary to take daily samples of raw and treated waters at Lewes Road Pumping Station from the 7th June until the end of December. This was due to the incidence of pollution from sewers on the Hollingdean Estate and resulted in excavations being made along the line of the main sewer after water tests had shown certain lengths of this sewer to be leaking. This work was started on the 30th July, and continued until all leaking joints had been made good. After this work had been completed however, and the bacteriological results were showing a diminution of pollution, an overflow from a blocked manhole in the car park of the new College of Technology on the 2nd October gave rise to further pollution and again on the 29th November, it was found that two inspection chambers on the Hollingdean Estate had been overflowing due to blockage. At the close of the year the bacteriological results showed the raw water at this site to be unpolluted.

In addition to the work carried out by the Borough Surveyor to remove sources of pollution by leakage from the Hollingdean sewer, alterations have also been carried out to the treatment plant at Lewes Road Pumping Station in order to bring the sterilisation technique into line with that used at the latest automatic stations. This has necessitated the installation of contact tanks and the purchase of certain items of equipment to allow super and dechlorination to be practised. The work in connection with this is not yet completed but it is hoped that it will be by early 1964.

Abbreviated chemical analyses were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination was made each month. Copies of the reports on these examinations made on raw waters in August 1963 are as follows:

*Chemical analysis (expressed in mgm per litre)*

|                | Date taken | pH   | Alkalinity | Chlorides | Ammoniacal Nitrogen | Albuminoid Nitrogen | Oxidised Nitrogen | Oxygen Absorbed (3 hrs. at 27°C) | Temp. Hardness | Perm. Hardness | Total Hardness | Fluoride |
|----------------|------------|------|------------|-----------|---------------------|---------------------|-------------------|----------------------------------|----------------|----------------|----------------|----------|
| Southover ...  | 30-8-63    | 7.35 | 187.0      | 23.4      | Nil                 | 0.050               | 4.9               | 0.15                             | 187.0          | 32.0           | 219.0          | < 0.1    |
| Patcham ...    | 28-8-63    | —    | 173.0      | 21.3      | Nil                 | 0.056               | 4.3               | 0.20                             | 173.0          | 28.0           | 201.0          | < 0.1    |
| Mile Oak ...   | 12-8-63    | 7.35 | 176.0      | 23.5      | Nil                 | 0.022               | 5.1               | 0.10                             | 176.0          | 26.0           | 202.0          | < 0.1    |
| Goldstone ...  | 8-8-63     | 7.25 | 197.0      | 29.2      | Nil                 | 0.056               | 9.4               | 0.22                             | 197.0          | 39.0           | 236.0          | < 0.1    |
| Shoreham ...   | 12-8-63    | 7.3  | 186.0      | 37.6      | Nil                 | 0.032               | 6.1               | 0.12                             | 186.0          | 38.0           | 224.0          | < 0.1    |
| Lewes Road ... | 6-8-63     | 7.35 | 174.0      | 31.6      | Nil                 | 0.052               | 9.2               | 0.22                             | 174.0          | 53.0           | 227.0          | < 0.1    |
| Balsdean ...   | 6-8-63     | 7.35 | 181.0      | 43.9      | Nil                 | 0.018               | 6.7               | 0.080                            | 181.0          | 36.0           | 217.0          | < 0.1    |
| Falmer ...     | 30-8-63    | 7.35 | 196.0      | 31.9      | Nil                 | 0.056               | 6.8               | 0.18                             | 196.0          | 51.0           | 247.0          | < 0.1    |
| Aldington ...  | 8-8-63     | 7.25 | 211.0      | 34.9      | Nil                 | 0.063               | 11.0              | 0.24                             | 211.0          | 59.0           | 270.0          | < 0.1    |
| *Sompting ...  | 12-8-63    | 7.3  | 187.0      | 24.0      | Nil                 | 0.024               | 5.7               | 0.10                             | 187.0          | 29.0           | 216.0          | < 0.1    |

\*Borehole only

In addition to the foregoing, 1,846 daily samples from taps at fixed points in the district have been examined bacteriologically, the results of which have shown the chloraminated waters going to supply to be of the highest standard of purity.

Bacteriological and abbreviated chemical examinations have also been carried out on 793 samples of water from service reservoirs. A total number of 4,953 samples were examined in the department's laboratory during the year.

3. Since all the water is obtained from the chalk, there is little likelihood of any plumbo-solvent action, and no evidence of such action is apparent.

4. Chlorination with post-ammoniation of all raw waters is practised continuously with the exception of the Pumping Stations at Patcham, Mile Oak and Sompting where super and de-chlorination is utilised before the addition of ammonia to form chloramine in the final treated water.

In the event of any raw water showing evidence of bacterial pollution, sampling is increased to daily intervals and a survey of the catchment area is made in an effort to find the cause of such pollution. In addition, if it is considered necessary, appropriate adjustments of gas dosages are made.

The number of the population supplied from public water mains direct to the houses and from stand pipes is as follows:

| <i>Town</i>                     |     | <i>Direct Supply</i> | <i>Standpipes</i> | <i>Population</i> |
|---------------------------------|-----|----------------------|-------------------|-------------------|
| Brighton County Borough ...     | ... | 53,805               | —                 | 162,910           |
| Hove Borough ...                | ... | 25,851               | —                 | 71,980            |
| Portslade U.D.C. ...            | ... | 5,698                | —                 | 17,140            |
| Southwick U.D.C. ...            | ... | 4,033                | —                 | 11,990            |
| Shoreham U.D.C. ...             | ... | 5,866                | —                 | 17,690            |
| Lancing (Worthing R.D.C.) ...   | ... | 5,607                | —                 | 14,524            |
| Telscombe (Chailey R.D.C.) ...  | ... | 1,410                | —                 | 3,247             |
| Falmer (Chailey R.D.C.) ...     | ... | 235                  | —                 | 236               |
| Pyecombe (Cuckfield R.D.C.) ... | ... | 56                   | —                 | 382               |
| Lewes Borough ...               | ... | 4,930                | 2                 | 13,870            |
|                                 |     | <hr/>                | <hr/>             | <hr/>             |
|                                 |     | 107,491              | 2                 | 313,969           |
|                                 |     | <hr/>                | <hr/>             | <hr/>             |

## SEWERAGE AND SEWAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.

# AMBULANCE SERVICE

|                         |                    | 1950    | 1951    | 1952    | 1953    | 1954    | 1955    | 1956    | 1957    | 1958    | 1959    | 1960    | 1961    | 1962    | 1963    |
|-------------------------|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| TOTAL MILEAGE           | 350,000            | 298,377 | 310,549 | 299,637 | 281,466 | 280,402 | 278,277 | 263,699 | 260,533 | 282,644 | 273,357 | 287,959 | 297,098 | 296,231 | 293,925 |
|                         | 300,000            |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 250,000            |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         |                    |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| TOTAL PATIENTS CONVEYED | 90,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 85,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 80,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 75,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 70,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 65,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 60,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 55,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 50,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 45,000             | 47,636  | 31,281  | 34,335  | 58,441  | 60,672  | 62,325  | 60,197  | 62,481  | 69,229  | 69,702  | 74,297  | 79,205  | 80,834  | 79,932  |
| TREATMENT O.P., ETC.    | 40,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 35,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 30,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 25,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 20,000             | 16,290  | 17,217  | 20,080  | 21,974  | 22,895  | 23,496  | 22,069  | 22,864  | 26,639  | 27,120  | 29,430  | 31,577  | 32,419  | 31,969  |
| TREATMENT RETURNS       | 15,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 10,000             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 5,000              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         |                    | 14,644  | 15,672  | 18,742  | 20,346  | 21,470  | 22,088  | 20,936  | 21,410  | 24,951  | 25,604  | 27,836  | 29,524  | 30,500  | 29,973  |
| HOSPITAL TO HOME        | 8,000              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 7,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 7,000              | 6,771   | 7,824   |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 6,500              |         |         | 6,410   |         |         |         |         |         |         |         |         |         |         |         |
|                         | 6,000              |         |         |         | 5,865   |         |         |         |         |         |         |         |         |         |         |
|                         | 5,500              |         |         |         |         | 5,668   | 5,668   | 5,679   | 6,038   | 5,567   | 5,237   | 5,444   | 5,638   | 5,507   | 5,428   |
| OTHERS                  | 5,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 5,000              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 4,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 4,000              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 3,500              | 3,071   | 3,299   | 3,553   | 4,145   | 4,381   | 4,541   | 5,084   | 5,278   | 5,216   | 4,909   | 4,925   | 5,073   | 4,955   | 5,044   |
|                         | 3,000              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         |                    |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| ACCIDENT & EMERGENCY    | 3,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 3,000              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 2,500              | 2,360   | 2,221   | 2,430   | 2,584   | 2,646   | 2,972   | 2,993   | 3,257   | 3,217   | 3,369   | 3,261   | 3,338   | 3,342   | 3,583   |
|                         | 2,000              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| INTER HOSPITAL          | 1,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 1,000              | 870     | 884     | 1,024   | 905     | 1,095   | 891     | 760     | 683     | 770     | 820     | 863     | 1,040   | 1,206   | 1,211   |
|                         | 500                |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| MATERNITY               | 1,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 1,000              | 910     | 922     | 892     | 839     | 882     | 869     | 883     | 966     | 960     | 892     | 1,014   | 1,109   | 1,109   | 1,063   |
|                         | 500                |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| MENTAL                  | 1,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 1,000              | 334     | 643     | 633     | 711     | 756     | 851     | 991     | 1,036   | 1,113   | 1,063   | 941     | 1,022   | 1,044   | 983     |
|                         | 500                |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| INFECTIOUS              | 1,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 1,000              | 393     | 316     | 230     | 475     | 417     | 421     | 321     | 291     | 179     | 198     | 193     | 252     | 188     | 236     |
|                         | 500                |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| FOR OTHER L.H.A.        | 1,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 1,000              | 86      | 266     | 321     | 454     | 492     | 528     | 481     | 658     | 615     | 490     | 388     | 432     | 564     | 442     |
|                         | 500                |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| RAIL                    | 1,500              |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 1,000              | 34      | 110     | 137     | 296     | 560     | 393     | 803     | 942     | 744     | 661     | 732     | 764     | 738     | 754     |
|                         | 500                |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| HOSPITAL CAR SERVICE    | 1,500              | 1126    |         | 1108    |         |         |         |         |         |         |         |         |         |         |         |
|                         | 1,000              |         | 878     |         |         |         |         |         |         |         |         |         |         |         |         |
|                         | 500                |         |         |         | 75      | 495     | 697     | 701     | 449     | 78      | 23      | 164     | 331     | 447     | 328     |
| MILES PER CASE JOURNEY  |                    | 6.2     | 6.0     | 5.5     | 4.8     | 4.6     | 4.4     | 4.4     | 4.2     | 4.1     | 4.0     | 3.9     | 3.8     | 3.7     | 3.7     |
| VEHICLES                | Ambulances         | 11      | 12      | 12      | 11      | 11      | 11      | 11      | 11      | 11      | 11      | 11      | 11      | 11      | 11      |
|                         | Cars               | 8       | 9       | 9       | 9       | 9       | 9       | 9       | 9       | 9       | 9       | 9       | 9       | 9       | 9       |
| STAFF                   | Officers           | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       |
|                         | Station Officers   | 4       | 5       | 5       | 5       | 5       | 5       | 5       | 5       | 5       | 5       | 5       | 6       | 6       | 7       |
|                         | Driver-Attendants  | 27      | 27      | 27      | 25      | 25      | 26      | 27      | 29      | 29      | 33      | 35      | 37      | 37      | 40      |
|                         | Women Drivers      | 8       | 8       | 8       | 7       | 7       | 6       | 5       | 4       | 4       | 4       | 4       | 4       | 3       | 2       |
|                         | Clerk-Telephonists | 2       | 4       | 4       | 4       | 4       | 4       | 4       | 4       | 3       | 3       | 3       | 3       | 3       | 2       |
| TOTALS                  |                    | 43      | 46      | 46      | 43      | 43      | 43      | 43      | 43      | 43      | 47      | 50      | 52      | 52      | 53      |

Photographs following this page:

## HEALTH EDUCATION

*The Fireworks Song* (to the tune of "Sing a Song of Sixpence"), as publicised by the B.B.C. Issued to Brighton school children during a fireworks safety campaign. A combined programme with the Fire Department, by courtesy of the Chief Fire Officer.

*Mouth to Mouth Resuscitation* (photograph by courtesy of the Southern Publishing Co. Ltd.). Inauguration of daily demonstrations by the Ambulance Service in the department's Health Education Kiosk on the sea front, September 1963. 2,895 people visited the exhibition and attended the demonstrations.

*Cheat Death by a Breath.* The poster, devised in the Brighton Health Department, and used in the above resuscitation campaign, which attracted some attention in the national press.

## THE LAUNDRY, CLEANSING STATION

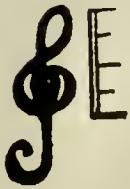
48,952 items were dealt with in 1963 involving 5,279 collection visits covering 6,700 miles by departmental transport. Most articles consisted of foul bed clothes and personal linen cleaned and laundered for old people and chronic sick nursed at home.

## DOWNS VIEW TRAINING CENTRE

*In the Nursery.*

# BRIGHTON FIRE BRIGADE

## SING A SONG OF SAFETY



SING A SONG OF FIREWORK NIGHT,  
BONFIRES, FUN AND GLEE.  
IF YOU HEED THESE "DO'S" AND "DONT'S",  
FROM TROUBLE YOU'LL BE FREE.

**DO** KEEP ANIMALS INDOORS,  
(GUY FAWKES IS NOT THEIR TREAT).  
**DONT** LET OFF YOUR FIREWORKS  
WHEN OUTSIDE IN THE STREET.

**DO** MAKE SURE YOUR BONFIRE  
IS NOWHERE NEAR THE HOUSE.  
**DONT** FAIL BEFORE RETIRING —  
ALL GLOWING EMBERS DOUSE.

**DO** READ WITH CARE INSTRUCTIONS  
BEFORE YOU SET A MATCH.  
**DONT** USE PARAFFIN OR PETROL  
TO MAKE A BONFIRE CATCH.

**DO** REMEMBER WHEN IN TROUBLE,  
QUICKLY SUMMON AID.  
**DONT** FORGET, DIAL '999'  
TO CALL THE FIRE BRIGADE.

SO SING A SONG OF SAFETY,  
LET COMMONSENSE PREVAIL.  
YOU'LL HAVE A HAPPY FIREWORK NIGHT —  
AND LIVE TO TELL THE TALE!



FURTHER ADVICE ON SITING OF BONFIRES AND SAFETY ARRANGEMENTS CAN BE OBTAINED FROM THE  
CHIEF FIRE OFFICER, FIRE BRIGADE HEADQUARTERS, PRESTON CIRCUS, BRIGHTON 7.  
Telephone Brighton 62222 or by letter quoting reference FPO/4.

DISTRIBUTED JOINTLY BY  
BRIGHTON FIRE BRIGADE AND THE DEPARTMENT OF THE MEDICAL OFFICER OF HEALTH





# **CHEAT DEATH**

**BY A**

# **BREATH**

**LEARN MOUTH TO MOUTH RESUSCITATION NOW**

**CONTINUOUS  
DEMONSTRATIONS  
WILL BE GIVEN HERE  
EVERY  
AFTERNOON BETWEEN  
2-4**





## SANITARY CIRCUMSTANCES OF THE AREA

R. S. CROSS, F.R.S.H., F.A.P.H.I.

Housing matters have again made considerable demands on the Public Health Inspectors. The house to house survey work to have properties repaired and improved continued during the year. The response from owners taking advantage of improvement grants was very slow and would not alone justify the effort and time put in to this work; the fact that notices are also served under the repair section of the Housing Act does mean that houses are being put into a reasonable state of repair and this is worth while. It has been suggested that the conditions applying to improvement grants are to be altered so as to make the taking up of grants by owners of property more attractive. If the older properties are to be saved for another 30 years substantial alterations will have to be made to appeal to the property owner of houses "to let". The owner/occupier has taken more interest in improvement grants as the restrictive covenants do not affect him in the same way as the owner of properties which are let, mainly to statutory tenants.

During the year an effort has been made to sample the Drugs listed in the Fourth Schedule of the Pharmacy and Poisons Act 1933. The local authority have the right to take such samples under Section 91 of the Food and Drugs Act and Section 20 of the Pharmacy and Poisons Act but resistance is being experienced from the Members of the Pharmaceutical Society.

These difficulties have been overcome with two large organisations of chemists and samples from these sources are readily obtainable. As a result one of these firms sent out a letter to all their branches giving instructions that samples of these drugs should be supplied to sampling officers of local authorities on demand.

There are many drugs on the market on "free sale" over the counter and this year more attention has been paid to this aspect of sampling. Several cases of extravagant claims have been found and rectified.

A drug that caused some concern was Sal Volatile. This was found to be deficient under B.P. standards but before reporting upon this sample the Public Analyst asked for a "control" bottle of Sal Volatile from an eminent manufacturer to be supplied. This control was also found to be deficient so other bottles from other sources were obtained. In each and every case deficiencies were found.

Sal Volatile is a very unstable product and it is very difficult to keep this drug at a potency equivalent to the B.P. standard. There is very little demand for this product. It has largely been replaced by more modern drugs.

The year as a whole has been one of steady progress in all aspects of the work of this section of the Health Department although we have been under considerable strain due to staff shortages.

I would like to place on record my appreciation of the willing co-operation I have received from the staff during the past year.

## STAFF

On 1st May, 1963 a car mileage pool came into operation. This proved to be very successful and enabled a depleted staff to cope with the multitudinous duties covered by the Public Health Inspectors' section. A mileage pool of 19,200 miles was granted to assist the staff and to obviate applications for temporary car allowances during the year occasioned by seasonal influx of work and emergency duties in regard to outbreaks of infectious disease. Small allowances were made to eleven Inspectors during the year and these assisted

in no small measure to keep down to reasonable proportions the backlog of work which accumulated due to staff shortages. From the experience gained in 1963 it is hoped that the Committee will continue the granting of a car mileage pool to the Department.

During most of the year this section of the Department operated with four Inspectors short but fortunately one appointment was made for a full-time Meat Inspector at the Abattoir. At the close of the year it was known that one of the Senior Inspectors was to leave, having obtained another appointment, therefore we shall be entering 1964 with 4 Inspectors under the establishment figure. This is a most disturbing situation in view of the fact that there is to be increased housing legislation, notably in respect of houses in multiple occupation and alterations in the Improvement Grants Scheme. A major influx of work will be caused by the coming into operation of the Offices, Shops and Railway Premises Act in August 1964. The effect of this Act is to require the registration and inspection of some 2,500 premises which have never been subject to inspection before and a re-appraisal of 2,500 premises which were subject to previous inspection, making an estimated total of 5,000 premises to be inspected.

Vacancies have been advertised during the year but without result. The major reason for persons not transferring to the South-Eastern area of the country is the cost of houses and consequently high rentals and rates. I pointed out in my report for 1962 that the present system of national scales of salary does not work and unless some regional variations are introduced this part of the country will be short of staff, not only Public Health Inspectors, but of all local government officers. The best evidence of this statement comes from interviewing staff who have applied for posts. It is a fact that the difference in the value of national grades is £100 to £150 per annum because of the high cost of housing in this part of the country. When national scales were introduced this fact was appreciated to some extent by making a grant of £40 for the London area. The area of high cost housing has extended from London and now includes the whole of the south-east region. The gap has widened year by year but no action has been taken to redress this state of affairs, consequently the gap is near £150 per annum. Enquiries made in other districts confirm these conclusions and staff will not move into this area unless they receive a substantial increase in salary, which would be to the detriment of existing staffs.

## HOUSING

### *Demolition in Clearance Areas*

25 unfit houses were demolished. 24 people in eight families were rehoused from clearance areas.

The return made to the Minister in 1956 shewed 1,650 unfit houses requiring demolition; 1,186 of these have now been represented and 1,076 have been demolished or closed in lieu of demolition. In 1962 a return was submitted to the Minister estimating that in addition to the houses not cleared there were a further 500 houses that may be represented over the next 10 years. The Minister has asked the Council to speed up the programme and submit a revised statement, and this was in preparation at the end of the year.

No clearance areas were represented during the year. The following developments took place with regard to areas previously represented:

### *Brighton Corporation (Richmond Street) Compulsory Purchase Order, 1962:*

A public local inquiry was held on 15th January, and the Order has since been confirmed by the Minister. Five unfit properties were included in this Order.

*Brighton Corporation (Liverpool Street) Compulsory Purchase Order, 1963:*

A public local inquiry was held on 5th November, and the Minister's decision is awaited. 44 unfit properties had been represented.

*Sloane Street and Eastern Road Areas:*

These areas comprising 85 buildings were represented as four clearance areas in 1962. The Housing Committee deferred consideration of these areas for a time so that the Planning Committee could be consulted regarding the future development of the areas. Eventually the Council resolved not to declare clearance areas but to extend the area to be dealt with and to make a Comprehensive Redevelopment Area. The boundaries of that area, to be known as the Somerset Street Area, and the phased development were still under discussion at the end of the year. The decision not to declare clearance areas has, of course, resulted in a delay of more than twelve months in the progress towards clearance of the unfit houses in Sloane Street and Eastern Road. Many of these houses are in a seriously unfit condition, and continual complaints have been received from their occupants of serious structural defects rendering the houses dangerous, defective drainage, extensive dampness and so on. Eight of the properties became so uninhabitable during the year that it became necessary again to represent these as individual properties and to obtain closing orders; by this method it is possible to achieve earlier re-housing of the tenants. The condition of many of the properties in Eastern Road and Sloane Street is so bad that the tenants cannot in fairness be expected to await re-housing under a phased Development Area planned over a period of years, and further representations of individual properties in this Area will undoubtedly have to be made.

*Closing Orders and Demolition Orders*

30 individual unfit houses and parts of buildings were represented during the year. Four houses and seven parts of buildings were closed. 36 individual unfit houses were demolished.

On 31st December there were 392 operative closing orders and undertakings applying to premises in the Borough. 27 houses to which closing orders had previously applied were demolished. Ten contraventions of closing orders were reported during the year, and all were dealt with informally.

Six closing orders were determined during the year, the buildings or parts of buildings to which they referred having been made fit for human habitation.

69 houses belonging to the Council were certified as unfit for human habitation in accordance with the Housing Subsidies Act 1956 and 54 were demolished during the year. This makes totals of 218 houses certified and 145 demolished since the Act came into force.

*Repairs and Improvements*

281 houses were made fit for human habitation as a result of formal notices under the Public Health and Housing Acts. 444 houses were made fit as a result of informal action.

There were 306 applications for Improvement Grants, of which 57 were for Standard Grants. 10 of the applications were rejected. In 261 houses improvements were carried out with the assistance of grants: this figure shows a 20% increase over last year's figure, and is the highest on record since standard grants were introduced in 1959. The increased number of dwellings formed by conversion with the aid of discretionary grants was 42. I am indebted to the Quantity Surveyor's Section of the Borough Surveyor's Department for providing me with the figures in this paragraph.

In addition to the initial inspection made on application for a grant, an annual re-inspection is made to ensure that the conditions of the grant are being complied with. 701 inspections were made for this purpose.

During the year, the house-to-house survey begun in 1962 with the object of improving properties in the older parts of the town was continued.

Progress up to the end of the year has been as follows, the figures for 1963 being shown in brackets.

|                                                                       | <i>Owner<br/>occupied</i> | <i>Tenanted</i> | <i>Total</i> |
|-----------------------------------------------------------------------|---------------------------|-----------------|--------------|
| No. of houses inspected ... ..                                        | 235 (127)                 | 242 (136)       | 477 (263)    |
| No. of preliminary letters sent ... ..                                | 186 (100)                 | 240 (136)       | 426 (236)    |
| No. of houses with no defects ... ..                                  | 49 (27)                   | 2 (Nil)         | 51 (27)      |
| No. of houses where works have been<br>completed ... ..               | 32 (27)                   | 45 (31)         | 77 (58)      |
| No. of houses where works were in<br>progress on 31/12/63 ... ..      | 46                        | 33              | 79           |
| No. of improvement grants applied for                                 | 28 (23)                   | 16 (2)          | 44 (25)      |
| No. of Notices under Section 9, Housing<br>Act 1957 authorised ... .. | Nil (Nil)                 | 27 (16)         | 27 (16)      |

The above total of 477 represents the houses inspected in the streets so far surveyed by systematic house-to-house inspection. There have, however, been applications for improvement grants for 74 other houses within the larger survey area. This makes a total of 551 houses inspected in the whole house-to-house area.

In 29 houses where owners were financially unable to carry out repairs and improvements the properties were offered to the Council. Seven have been purchased, fifteen were still under negotiation at the end of the year, and seven were withdrawn, other purchasers having been found.

#### *Improvement Grant Exhibition and Mobile Cinema Unit*

The Ministry of Housing and Local Government Exhibition Trailer and Film Unit visited Brighton from 18th to 21st September. The Exhibition was stationed in the centre of the town, close to the Open Market, and was visited by a large number of people. At the same time a special supplement was printed in the local evening newspaper, the "Evening Argus", to publicise the Exhibition and the scheme for improvement grants; the supplement included a message from Sir Keith Joseph, Minister of Housing and Local Government.

#### *Rent Act Certificates*

There were six applications for Certificates of Disrepair, and two applications for cancellation.

#### *Property inquiries and house acquisition*

437 inspections were made during the year of which 287 were to answer Local Land Charge Searches. A further 784 inspections were made as a result of applications for Corporation loans for house acquisition, the Town Clerk requiring a report on the possibility of action under the Housing Acts being taken against the property during the loan period; this is an increase of 330, or over 70% on last year's figure.

#### *Houses in multiple occupation*

It is estimated that there are 2,000 houses in multiple occupation in Brighton.

No detailed survey has yet been made, but sample inspections have shewn that many of the houses lack the adequate facilities indicated in Section 15 of the Housing Act 1961.

During the year the Council approved a standard of facilities to be used as a guide when considering a house in multiple occupation. This standard of facilities is shewn in the Appendix.

Complaints received in respect of 12 houses in multiple occupation were investigated, and in each case an informal letter was sent to the owners notifying them of defects and lack of facilities. Three of the properties have been brought up to standard and negotiations are proceeding with the owners to have works carried out in the remainder. In one case application was made for a Management Order.

Closely related to the problem of houses in multiple occupation is that of the conversion of large properties into flats, particularly into one-roomed flats or bed-sitters. So far as is possible the establishment of further unsatisfactory houses in multiple occupation should be prevented. It is, therefore, essential that proposals for the conversion of large properties should be very carefully examined to ensure that there are adequate services and facilities.

The standard of accommodation required in the conversion of properties into separate flats is that each flat should have its own W.C., bathroom, sink, ventilated foodstore and cooking facilities.

Preferably there should be a separate kitchen, but in one-roomed flats there should be sufficient floor-space for living, sleeping and cooking. The following standards of floor-space are recommended where it is proposed to convert into one-room flats or bed-sitters.

*Minimum 140 sq. ft. for a one-roomed flat or bed-sitter with a separate kitchen.*

*Minimum 170 sq. ft. for a one-roomed flat or bed-sitter incorporating cooking facilities.*

*In the case of a one-bedroom flat or bed-sitter to be occupied by one person only the standards are to a minimum of 110 sq. ft and 150 sq. ft. respectively.*

#### *Examination of plans*

The number of applications for bye-law and planning permission received during the year totalled 2,498 plus 700 deferred items.

During the year an increased number of applications for conversion of premises into bed-sitting room type of flats has been received and in a number of these cases it was necessary to discuss the proposals with the applicants and persuade them to install suitable and sufficient amenities for the occupiers.

#### *Loss of residential accommodation*

During the year 55 planning applications for change of use from residential accommodation to business premises were received. Of these applications, 22 related to premises which were either unfit, or badly arranged. In 26 cases the applications were granted.

#### *Completion of new houses*

During the year the Corporation completed 157 dwellings. Private builders completed 328 and housing associations 68. Private builders also converted 21 houses into 70 dwellings.

**APPENDIX**  
**HOUSING ACT 1961**  
**HOUSES IN MULTIPLE OCCUPATION**

*Standard of facilities required in accordance with Section 15:*

A house or part of a house which is let in lodgings or which is occupied by members of more than one family should not be considered reasonably suitable for occupation unless it complies with the following requirements:

(1) *Natural and Artificial Lighting:*

(a) *Natural lighting.* Every habitable room should have one or more windows of which an area equal to at least  $\frac{1}{20}$ th of the floor area of the room should open directly to the external air. The glass area of the window or windows should equal at least  $\frac{1}{10}$ th of the floor area.

(b) *Artificial lighting:* All habitable rooms, bathrooms, water closets, passages and staircases should be provided with adequate means of artificial lighting by gas or electricity.

(2) *Ventilation:*

All habitable rooms, bathrooms, water closets and staircases should be provided with adequate means of ventilation.

(3) *Water supply:*

Within each letting there should be provided a separate mains water supply piped over a sink.

(4) *Personal washing facilities:*

Within each letting there should be provided a hot and cold water supply over a sink or over a wash basin if one is available in addition to a sink. There should also be provided in connection with each letting a fixed bath or shower in a bathroom with hot and cold water. If the bathroom is not within the letting, it should be in such a position as to be readily accessible for the use of the occupiers of the letting. In such cases bathrooms should be available as follows:

1 bath or shower for each 3 separate lettings, subject to a maximum of 10 persons regardless of age,

or

where exclusively single room lettings, 1 bath or shower per 4 lettings.

(5) *Drainage and Sanitary conveniences:*

(a) *Drainage:* Drainage shall be in accordance with the Building Byelaws.

(b) *Sanitary conveniences:* There should be one satisfactory water closet to every two lettings subject to a maximum of 8 persons regardless of age,

or

where exclusively single-room lettings, one W.C. per four lettings.

Each W.C. should be inside the building and where shared between lettings any W.C. should be separate from the bathroom. Each W.C. should be in a suitable compartment, readily accessible for the use of the occupiers of any lettings for which it is intended.

(6) *Facilities for the storage, preparation and cooking of food and for the disposal of waste water:*

Within each letting there should be

- (a) A foodstore of sufficient size, ventilated to the open air, or a refrigerator.
- (b) A working surface or table for the preparation of food.
- (c) A satisfactory cooking appliance heated by solid fuel, gas or electricity.
- (d) A properly drained sink and draining-board.

These facilities must be installed in a satisfactory position within the dwelling.

(7) *Installations for space heating or for the use of space heating appliances:*

There should be a fireplace or point for gas or electric power in each habitable room.

## FOOD AND OTHER SAMPLES

453 samples of food, drugs etc. were taken during the year and the following adverse reports were received:

| Article                             | Result of Analysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Action taken                                                                                                                                                                                  |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRAVENTIONS                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |
| <i>Labelling of Food Order 1953</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |
| <i>Biscuits:</i>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |
| Sinterklaas                         | The label did not accord with the requirements of the Labelling of Food Order 1953, in that the common or usual name of the article in English was not stated. There was no indication on the packet or label as to the identity of the article. The sample consisted of ginger biscuits.                                                                                                                                                                                                                              | Letter to importers, who have written to the manufacturers in Holland. They have decided to call the product "Parliament Biscuits" and in future packets for British market will be so named. |
| Waffelblatter                       | The label did not bear a declaration of the common or usual name of the article in English. The sample consisted of large round wafer biscuits.                                                                                                                                                                                                                                                                                                                                                                        | The only address ascertainable was "TMV Ltd." Importers, London W2. A letter has been sent to them but no reply has yet been received. No further stock was held by the retailer.             |
| Beer                                | The labelling of the article was most unsatisfactory. It implied that the content of the bottle was a lager type beer of ordinary commercial quality but it was of very low alcoholic strength. On the other hand the article was not a soft drink and an abstainer might well be prejudiced on purchasing the article from unlicensed premises if he imagined that the article was not alcoholic. The article contained 1.69 per cent of proof spirit and was therefore entitled to be sold from unlicensed premises. | A letter was sent to the foreign manufacturers asking for the label to be amended. The correspondence still continues.                                                                        |
| <i>Confectionery:</i>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |
| Pineapple Ice Lolly Syrup           | The ingredients of the article were not stated on the label as required by the Labelling of Food Order 1953.                                                                                                                                                                                                                                                                                                                                                                                                           | Letter to manufacturers who submitted an amended label for approval and are now using the new form.                                                                                           |
| Cake covering Chocolate             | The article did not consist of chocolate and was merely a cake covering which was chocolate flavoured.                                                                                                                                                                                                                                                                                                                                                                                                                 | Letter to manufacturers—labels now amended.                                                                                                                                                   |

|                                       |                                                                                                                                                                                               |                                                                                                                          |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Chocolate Moulded Animals             | The article consisted of imitation chocolate which had been prepared with vegetable fats other than cocoa butter and should not have been described as "chocolate".                           | These sweets were on sale loose and unlabelled—no offence was committed.                                                 |
| Pastilles—sugarless                   | The presence of colouring matter was not stated as required by the Labelling of Food Order 1953.                                                                                              | Manufacturers notified—labels now being amended.                                                                         |
| <i>Condiments, Sauces etc.</i>        |                                                                                                                                                                                               |                                                                                                                          |
| Parsley Sauce Mix                     | The label of the article implied that the contents would make a complete parsley sauce but in fact, milk, which was an essential ingredient, was absent and it was necessary to add one pint. | Letter to manufacturers. Labels since modified.                                                                          |
| Hot Dog Relish                        | The presence of added colouring matter was not specified as required by the Labelling of Food Order 1953.                                                                                     | Letter to manufacturers resulted in amendment of label.                                                                  |
| Sauce Napolitaine                     | Contained 1.3 per cent of added salt which was not declared in the list of ingredients as required by the Labelling of Food Order 1953.                                                       | Manufactured in France. Letter to importers who have agreed to amend labels to comply with Labelling of Food Order 1953. |
| Ruthmol Sodium-free Condiment         | The labelling was incorrect in regard to the term amylum, which was not an appropriate designation for the purpose of the Labelling of Food Order 1953.                                       | Letter to manufacturers, who dispute Public Analyst's opinion. Correspondence continuing.                                |
| <i>Drugs, Medicinal Preparations:</i> |                                                                                                                                                                                               |                                                                                                                          |
| Medicated Shampoo                     | The label was grossly misleading in its claims in that the shampoo would destroy dandruff.                                                                                                    | Warning letter sent to manufacturers.                                                                                    |
| <i>Fruit:</i>                         |                                                                                                                                                                                               |                                                                                                                          |
| Apple Rings                           | The article was packed in a cellophane packet which did not bear the name and address of the packer or the name of the food therein.                                                          | Letter to vendor's head office. Undertaking received to make necessary statement on packets.                             |
| Dried Fruits                          | Consisted of ground almonds. The label did not comply with Article 4(3) (a) of the Labelling of Food Order 1953.                                                                              | Letter to vendor's head office. Informed that package was made up at retailers—name and address not required.            |

## Jam

The article consisted of jam which had been artificially coloured and the description "Made from sugar and gooseberries" was unsatisfactory and implied that the article consisted entirely of these ingredients without addition.

Irish manufacturers notified, amended labels now in use.

*Meat and Meat Products*  
Ham and Chicken Roll

Letter to manufacturers, label now amended.

The labelling did not comply with the requirements of the Labelling of Food Order 1953 in that the terms cereal, seasoning, phosphate and nitrite were generic and not specific.

*Vegetables*  
Dried Peas

Incorrectly described as "Petit Poise" and the presence of added colouring matter was not stated.

Described as Petit Poise. In the absence of any legal definition of this phrase, no action possible.

*Miscellaneous:*  
Ground Almonds

The article was packed in a cellophane packet which did not bear the name and address of the packer, or the name of the food therein.

Letter to vendor's head office. Apology received for mistake in wrapping. As goods were packed at time of sale at the local branch no name and address could be required.

## Glacé Cherries

The term glucose which was used was not an appropriate designation for the ingredient liquid glucose or corn syrup which was present.

Letter to vendors. As this was foreign produce, importers notified. Irregularity in label to be corrected.

## Peel—candied (2 samples)

Contained excessive amounts of sulphur dioxide. Also the presence of sulphur dioxide was not specified as required by the Labelling of Food Order 1953. Both samples contained 170 p.p.m. of sulphur dioxide instead of a maximum of 100 p.p.m.

As the retailers had a strong warranty defence no legal proceedings were taken. Warning letter sent.

## MISDESCRIPTION

*Medicinal Products:*

## Barrier Sun Oil

The label of the article bore the following statement:—"The oil will act as a screen from the burning rays of the sun", but the article had a very poor capacity for screening out ultra-violet rays which cause sunburn. The relative ultra-violet absorption at a wave-length of 3080 Angstrom units was less than 2 per cent.

Manufacturers, on being notified of result, have withdrawn this product from sale.

|                                                                  |                                                                                                                                                                             |                                                                                                    |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Blackcurrant Syrup                                               | Grossly deficient in blackcurrant juice and consisted merely of a blackcurrant drink.                                                                                       | Warning letter sent to manufacturers calling for amendment of label. Correspondence is continuing. |
| <i>Confectionery:</i><br>Milk Chocolate Cigarettes<br>(Imported) | The article was misdescribed as "Milk Chocolate". Not more than 0.5 per cent of milk fat was present.                                                                       | French manufacture. Importers notified. Stocks withdrawn from sale and further imports stopped.    |
| <i>Puddings:</i><br>Rice Milk Pudding                            | The article had not been made with full cream milk as was stated on the label of the tin. The sample contained: Milk fat . . . 2.2 per cent.                                | Warning letter to manufacturer.                                                                    |
| ADULTERATED<br><i>Bread, Biscuits, Cake etc.</i><br>Bread        | Contained parts of the hind limbs of a mouse.                                                                                                                               | Legal proceedings instituted—Fine—£30. £3 3s. costs.                                               |
| Bread                                                            | Contained foreign matter which consisted of stale dough and compounds of iron.                                                                                              | Warning letter to bakery concerned.                                                                |
| Bread                                                            | Contained foreign matter which consisted of bird dropping which contained a mass of insect fragments, compound eyes etc.                                                    | Fine—£40.                                                                                          |
| Bread                                                            | Contained a small iron nail. In my opinion the nail had been baked in the loaf.                                                                                             | Legal proceedings instituted—Fine—£10. £4 4s. costs.                                               |
| Bread                                                            | Contained dark greyish coloured foreign matter which consisted of a mixture of flour with grease and compounds of iron. The foreign matter had been baked in the loaf.      | Warning given to baker.                                                                            |
| Bread                                                            | Contained a brownish streak which consisted essentially of bread with a higher fibre content than the remainder of the loaf. The foreign matter had been baked in the loaf. | Warning given to baker.                                                                            |
| Fruit and Malt Loaf                                              | Contained a nail which had been baked in the loaf.                                                                                                                          | Offence proved—Fine £10—£4 4s. costs.                                                              |

| <i>Article</i>                                     | <i>Result of Analysis</i>                                                                                                                                                                                                                                                                                                      | <i>Action taken</i>                                                                                                          |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Confectionery Flour (Cake)                         | Contained a fragment of aluminium which had some very sharp edges.                                                                                                                                                                                                                                                             | Chain of evidence not strong enough to prove that metal had been baked in the cake. A warning letter was sent to the bakers. |
| Crispbread                                         | Contained a dark greyish coloured foreign body which consisted of dough with compounds of iron, grease and cotton fibres. The foreign matter had been baked in the crispbread.                                                                                                                                                 | Warning letter sent to bakers.                                                                                               |
| Fruit Bun                                          | Contained fragments of a clear moulded plastic and traces of ink. The moulded plastic appeared to be part of a ball type pen.                                                                                                                                                                                                  | Legal proceedings instituted—case not yet heard.                                                                             |
| <i>Drugs and Medicinal Products:</i><br>Eye Lotion | The article contained numerous small vegetable fibres in suspension and contained 94 per cent excess of Sodium Borate compared with the amount stated to be present on the label. In my opinion it is important that liquids intended for application to the eyes should be perfectly clear and free from suspended particles. | Manufacturer notified in writing; all stocks withdrawn from sale.                                                            |
| Aspirin Tablets                                    | Contained part of an animal bristle.                                                                                                                                                                                                                                                                                           | Warning letter to manufacturers and notification sent to Health Department of area concerned.                                |
| Oculine Eye Lotion                                 | Contained appreciable fine suspended matter, vegetable fibres and minute starch grains. An eye lotion should consist of a clear liquid free from solid matter in suspension.                                                                                                                                                   | Letter to be sent to manufacturers. All present stock withdrawn from sale. Filters to be fitted to new stock.                |
| Zinc and<br>Castor Oil Cream B.P.                  | Contained 22 per cent of zinc oxide as an excess compared with the maximum limit of the B.P.                                                                                                                                                                                                                                   | Letter to manufacturers who are now adjusting their formula.                                                                 |
| <i>Fruit:</i><br>Peaches in Syrup                  | Contained thin irregularly shaped soft pieces of swollen gelatine.                                                                                                                                                                                                                                                             | 'This was an imported tin and the matter was therefore referred to the Australian authorities.                               |
| <i>Meat:</i><br>Sausages—Beef                      | 'The sausages had a most unpleasant "burning" taste due to the use of an excess of pepper or pepper extract.                                                                                                                                                                                                                   | As the sausages were not unfit for consumption no action was taken.                                                          |

|                                            |                                                                                                                                                                                              |                                                                                                                                                                                       |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Meat Pie                                   | Contained areas of mould growth of the penicillium type on the filling. The pie was unfit for human consumption.                                                                             | Visit to vendor. Remainder of stock withdrawn from sale and destroyed. Shopkeeper warned and advised on improvement of stock rotation.                                                |
| <i>Vegetables:</i>                         |                                                                                                                                                                                              |                                                                                                                                                                                       |
| Potato Crisps                              | Some crisps were contaminated with earthy material which had become impregnated with vegetable oil. There was no doubt that the foreign matter had been fired with the potatoes.             | Warning letter sent to manufacturers.                                                                                                                                                 |
| Peas—frozen                                | Contained a greyish coloured garden slug.                                                                                                                                                    | The chain of evidence was not strong enough to justify prosecution. Warning letter to producers.                                                                                      |
| Potatoes—instant mashed                    | Contained 25 parts per million of butylated hydroxyanisole but there is no provision in the Antioxidant in Food Regulations 1958, for the presence of this substance in dehydrated potatoes. | Imported from U.S.A. Warning letter sent to importers.                                                                                                                                |
| Tomatoes—tinned                            | Considerable solution of metals had occurred and the contents had a bitter unpleasant metallic taste.                                                                                        | In spite of the bitter taste (due to defective lacquering of the tin) the tomatoes were not unfit to eat. As tin was imported from Bulgaria, the Bulgarian authorities were notified. |
| <i>Wines, Spirits, Mineral Waters etc.</i> |                                                                                                                                                                                              |                                                                                                                                                                                       |
| Whisky                                     | Contained 11 per cent of added water.                                                                                                                                                        | Taken at the local Race Course. No action taken as the "added water" was due to the addition of ice by the barmaid without intent to deceive.                                         |
| Mineral Water                              | The sample had an odour and taste of disinfectant.                                                                                                                                           | Warning letter to bottlers, who are now considering replacement of rubber stopper with non-absorbent material.                                                                        |
| DEFICIENT                                  |                                                                                                                                                                                              |                                                                                                                                                                                       |
| <i>Bread, Biscuits, Cakes etc.</i>         |                                                                                                                                                                                              |                                                                                                                                                                                       |
| Bread—Rye Crisp Bread                      | Deficient in protein compared with the amount stated to be present on the label.                                                                                                             | Letter to manufacturers who challenged Public Analyst's method of assay, and finally agreed on description to be used with him.                                                       |

| <i>Article</i>                                             | <i>Result of Analysis</i>                                                                                                                                                                                                                                                                                                                                                                                         | <i>Action taken</i>                                                                                                                                                                                            |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Starch Reduced Bread                                       | Deficient in protein compared with the amount stated to be present on the label.                                                                                                                                                                                                                                                                                                                                  | Letter to manufacturers who challenged Public Analyst's method of assay, and finally agreed on description to be used with him.                                                                                |
| Slimming Biscuits                                          | The content of vitamins and minerals was not specified in accordance with the Labelling of Food Order 1953. The biscuits were deficient in iron, calcium and phosphorus to the extent of 63, 42 and 50 per cent respectively compared with the amounts claimed to be present. Also the packet bore a false claim in that the biscuits did not contain the adult daily nutritional requirements of these minerals. | This was an imported French product. The importers were notified by letter and importation has been discontinued until the biscuits (and the labels) have been brought into line with British legal standards. |
| Diabetic Biscuits                                          | Deficient in protein to the extent of 32 per cent and contained 35 per cent excess carbohydrates compared with the amounts stated to be present.                                                                                                                                                                                                                                                                  | Letter sent to manufacturer who has agreed to take steps to correct the formula.                                                                                                                               |
| <i>Cheese:</i><br>Cheese—processed smoked                  | Deficient in fat.                                                                                                                                                                                                                                                                                                                                                                                                 | Importers notified by letter. This line now discontinued.                                                                                                                                                      |
| <i>Drugs and Medicinal Products:</i><br>Blackcurrant Juice | Consisted of a blackcurrant drink containing only 30 per cent of blackcurrant juice and was 60 per cent deficient in vitamin C compared with the amount stated to be present. The declaration of the vitamin content was not made in accordance with the requirements of the Labelling of Food Order 1953.                                                                                                        | As juice was of foreign origin, importers were notified. All stocks withdrawn from sale and further orders cancelled.                                                                                          |
| Tonic Tablets (Vibolex)                                    | Deficient in vitamins A and C to the extent of 4 and 75 per cent respectively and almost completely deficient in vitamin B12 compared with the amounts stated to be present. 3.6 mg. of vitamin B12 per tablet was claimed but at the most only 1 microgram per tablet was present.                                                                                                                               | Letters to manufacturers—product withdrawn from sale.                                                                                                                                                          |

|                           |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spirit of Sal Volatile    | Deficient in free ammonia and ammonium carbonate to the extent of 91 and 23 per cent respectively as judged by the minimum limits of the B.P.C.                                                | Warning letters have been sent to all chemists concerned. It appears that the deficiency of free ammonia in all these cases is due to the practice whereby chemists buy a large stock bottle of Sal Volatile from their wholesalers and fill small bottles from it for retail sale. The product is extremely volatile and during this operation ammonia escapes. |
| Ditto                     | Slightly deficient in free ammonia as judged by the minimum limit of the B.P.C.                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                  |
| Ditto                     | Incorrectly described as B.P. and was deficient in free ammonia to the extent of 19 per cent as judged by the minimum limit of the B.P.C. Spirit of Sal Volatile is now included in the B.P.C. |                                                                                                                                                                                                                                                                                                                                                                  |
| Ditto                     | Deficient in free ammonia to the extent of 10 per cent as judged by the minimum limit of the B.P.C.                                                                                            |                                                                                                                                                                                                                                                                                                                                                                  |
| Ditto                     | 7 per cent as judged by the minimum limit of the B.P.C. (as above).                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                  |
| Ditto                     | Incorrectly described as B.P. and was deficient in free ammonia and ammonium carbonate to the extent of 37 per cent in each case as judged by the minimum limits of the B.P.C.                 |                                                                                                                                                                                                                                                                                                                                                                  |
| Ditto                     | Incorrectly described as B.P. Spirit of Sal Volatile is now included in the B.P.C.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                  |
| Vitamin Syrup (Abecedin)  | Deficient in vitamin B1 and vitamin C to the extent of 22 and 30 per cent compared with the amounts stated to be present on the label.                                                         | The manufacturers have challenged the Public Analyst's findings and correspondence continues. The two parties disagree on the exact amount meant by a "teaspoon".                                                                                                                                                                                                |
| Penotrane Hydraphen Jelly | 37 per cent deficient in mercury compared with the amount stated to be present.                                                                                                                | Warning letters to manufacturers who have agreed to alter packaging.                                                                                                                                                                                                                                                                                             |
| Ear Drops                 | 76 per cent deficient in chloroform compared with the amount stated to be present.                                                                                                             | Letter to manufacturers. It is extremely difficult to avoid escape of chlorine and as this is only used as a solvent the labels are being amended to show active ingredients only.                                                                                                                                                                               |

| <i>Article</i>                                   | <i>Result of Analysis</i>                                                                                                                             | <i>Action taken</i>                                                          |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Jam                                              | Slightly deficient in soluble solids.                                                                                                                 | Warning letter to manufacturers.                                             |
| <i>Fruit:</i><br>Guavo                           | 6 per cent deficient in vitamin C compared with the amount stated to be present.                                                                      | Last of very old stock which had deteriorated during storage. Vendor warned. |
| <i>Meat:</i><br>Casserole Steak                  | Consisted of meat in gravy which was deficient in meat.                                                                                               | Meat deficiency amounted to 2 per cent. Warning letter sent to packers.      |
| <i>Vegetables:</i><br>Beans in rich Tomato Sauce | Deficient in total solids, containing only 24.8 per cent. Beans in tomato sauce of ordinary commercial quality usually contain 27 per cent of solids. | Parent manufacturing firm now in liquidation.                                |

### *Chemical Analysis of milk*

92 samples of milk were submitted for chemical analysis of which 20 samples received adverse reports. The relative high number of samples which were reported on as being deficient in fat or solids not fat were investigated at the instigation of one of the local dairies which was experiencing difficulties with one of their suppliers. This investigation accounted for 10 of the samples which failed. The result of this investigation was that the milk supply was brought up to standard without having to take proceedings against the farmer. The remaining 10 samples were from individual churns from farm consignments, the overall average of which complied with the legal standards.

40% of these samples were tested for the presence of antibiotics in the milk and in only two cases were traces of these substances found, namely .015% and .010%.

### *Bacteriological Examinations*

#### *Milk*

|              | Pasteurised | Sterilised | Farm<br>Bottled | Whirlcool<br>Machines | Street<br>Vending<br>Machines |
|--------------|-------------|------------|-----------------|-----------------------|-------------------------------|
| Failed tests | 215<br>1    | 32<br>1    | 110<br>5        | 26<br>18              | 42<br>7                       |

Once again it has been demonstrated that Whirlcool machines are not a satisfactory method of dispensing milk in food premises.

Of the 7 samples taken from street vending machines which failed the methylene blue test 4 were from a farm bottled supply and 3 from pasteurised supplies.

The standard of heat treatment of milk in the town remains at a very high level, only one sample having failed the statutory tests during the whole year.

#### *Milk Samples for Biological Tests*

15 samples were taken from farm bottled milk supplies for testing for the presence of tubercle bacilli and brucella organisms. All samples were negative for tubercle and only one was positive for the presence of brucella abortus. Notification was made to the area Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for attention.

#### *Ice cream*

94 samples of ice cream were taken during the year of which 73 were Grade 1, 16 Grade 2, 1 Grade 3 and 4 in Grade IV.

#### *Water Samples*

126 samples of drinking water were examined all of which were satisfactory.

45 samples of well water were taken mainly from one dairy which has 2 deep wells. This water is used for commercial purposes, there being a town main service for other purposes. All samples were satisfactory.

126 samples of swimming bath water were submitted for examination and of these 2 samples from a Corporation owned bath were unsatisfactory and 8 samples from school baths. The extension of the practice of providing instruction pools by teacher/parent associations was developed during the year and the opening of new pools presented teething problems in regard to chlorination

etc. After instruction the condition of the bath water improved and became satisfactory.

50 samples of water from children's paddling pools were taken 7 of which were not satisfactory. There is not a great deal which can be done with these pools unless they are removed from sand pits and other playgrounds. Children will put sand in the water and in one instance they throw earth from the flower beds surrounding the pool into the water. At times the water looks dirty yet the bacteriological results are satisfactory and the opposite can apply.

### *Fertilizers and Feeding Stuffs*

During the year 27 samples of fertilizers were submitted to the Public Analyst and all were found to be within the limits of variation allowed in respect of the stated volume.

In one case a bottle of liquid fertilizer did not comply with the labelling requirements as the ingredients were stated as weight in volume, instead of weight in weight. The labels have now been amended.

### *Rag Flock*

6 samples were taken of filling materials, all of which complied with the tests. 3 samples of material sold as flame resistant were submitted for tests and proved to be satisfactory.

## FOOD HYGIENE

### *Food Complaints*

There were 170 complaints regarding food.

|                                 |     |     |     |     |    |
|---------------------------------|-----|-----|-----|-----|----|
| Meat pies, fish cakes, sausages | ... | ... | ... | ... | 26 |
| Milk and cream                  | ... | ... | ... | ... | 14 |
| Ice cream                       | ... | ... | ... | ... | 1  |
| Cheese                          | ... | ... | ... | ... | 3  |
| Butter and other fats           | ... | ... | ... | ... | 6  |
| Bread                           | ... | ... | ... | ... | 31 |
| Confectionery                   | ... | ... | ... | ... | 22 |
| Sugar confectionery...          | ... | ... | ... | ... | 9  |
| Canned meat                     | ... | ... | ... | ... | 13 |
| Canned fruit...                 | ... | ... | ... | ... | 7  |
| Canned vegetables               | ... | ... | ... | ... | 2  |
| Canned milk...                  | ... | ... | ... | ... | 1  |
| Cereals                         | ... | ... | ... | ... | 1  |
| Frozen foods...                 | ... | ... | ... | ... | 2  |
| Fish and shellfish              | ... | ... | ... | ... | 5  |
| Bacon and ham                   | ... | ... | ... | ... | 3  |
| Meat and poultry                | ... | ... | ... | ... | 8  |
| Fresh vegetables and fruit...   | ... | ... | ... | ... | 6  |
| Dried fruit                     | ... | ... | ... | ... | 2  |
| Preserves                       | ... | ... | ... | ... | 2  |
| Beer, tea and coffee            | ... | ... | ... | ... | 2  |
| Soft drinks                     | ... | ... | ... | ... | 2  |
| Vinegar and sauces...           | ... | ... | ... | ... | 2  |

Prosecutions were carried out in respect of:

|                                                           |     |     |     |     |     |              |
|-----------------------------------------------------------|-----|-----|-----|-----|-----|--------------|
| Sale of a loaf containing part of a mouse                 | ... | ... | ... | ... | ... | Fine £30     |
|                                                           |     |     |     |     |     | Costs £3/3/0 |
| Sale of a loaf (wrapped) with bird droppings on the crust | ... | ... | ... | ... | ... | Fine £40     |
| Sale of a loaf containing a nail...                       | ... | ... | ... | ... | ... | Fine £10     |
|                                                           |     |     |     |     |     | Costs £4/4/0 |
| Sale of a fruit malt loaf containing a tin tack           | ... | ... | ... | ... | ... | Fine £10     |
|                                                           |     |     |     |     |     | Costs £4/4/0 |

One-third of the complaints were in respect of bread, confectionery, meat pies and similar made-up goods. It is still necessary to educate retailers in the use of their own code marks to ensure correct stock rotation.

Complaints that whisky and beer were being "watered" were investigated and not confirmed, the samples were reported to be genuine.

A tin of tomatoes alleged to be "blown" was found to have a bulge due to the can having been dented on the side. The contents were found to have a metallic taste, which was due to tin and iron, but were not harmful to health. The unsatisfactory lacquer on the inside of the can had allowed the metallic taste to be absorbed. The matter was reported to the Ministry of Agriculture, Fisheries and Food who communicated with the government of the country of origin.

### *Food Hygiene Regulations 1960*

|                                                                                      |     |     |      |              |
|--------------------------------------------------------------------------------------|-----|-----|------|--------------|
| Carrying on a food business at a stall which was not kept clean                      | ... | ... | Fine | £5           |
| Failing to cause a stall to bear name and address of person carrying on the business | ... | ... | Fine | £4           |
| Failing to provide a suitable receptacle for waste trimmings                         | ... | ... | Fine | £3           |
| Smoking while handling food                                                          | ... | ... | (1)  | Fine £5      |
|                                                                                      |     |     | (2)  | Fine £5      |
|                                                                                      |     |     | (3)  | Fine £5      |
|                                                                                      |     |     | (4)  | Fine £1      |
|                                                                                      |     |     | (5)  | Fine £2      |
|                                                                                      |     |     |      | Costs £1/1/0 |
|                                                                                      |     |     | (6)  | Fine £5      |
|                                                                                      |     |     |      | Costs £1/1/0 |

### *Condemnation of unfit food*

| <i>Tinned or bottled food (units)</i>                                                             |                      |             | <i>Other foodstuffs (pounds)</i> |                      |             |
|---------------------------------------------------------------------------------------------------|----------------------|-------------|----------------------------------|----------------------|-------------|
| Meat, Fish and Poultry                                                                            | Fruit and Vegetables | Other Items | Meat, Fish and Poultry           | Fruit and Vegetables | Other Items |
| 1,797                                                                                             | 4,530                | 1,858       | 14,274                           | 2,616                | 474½        |
| <i>Fish</i><br>Wet: 530½ stones<br>Dry: 151½ stones<br>Shell: 133½ stones<br>Number of visits 366 |                      |             |                                  |                      |             |

### *Butchers' Shops and Meat Processing Factories*

During the year all the butchers' shops and meat processing factories in the Borough have been visited. This entailed an initial inspection of 137 premises at 82 of which it was necessary to draw the occupiers' attention to defects or contraventions of the Food Hygiene (General) Regulations, 1960. The matters complained of related mainly to the provision of proper washing facilities, the cleansing and redecoration of stores and the lighting and cleansing of sanitary accommodation, but in 6 cases fairly extensive works of repair and reconstruction were required. Further inspections were made to ensure the proper execution of necessary works and the maintenance of hygienic conditions.

### *Underground Bakehouses*

The quinquennial inspection of underground bakehouses was carried out to ascertain whether the premises were suitable as regards construction, height, light, ventilation and other hygienic respects for a further renewal of the certificate of suitability. The six bakehouses were approved and certificates for occupation were issued for a period of five years.

One other bakehouse had the certificate cancelled, due to the premises being disused for a period of twelve months.

### *Wholesale Fish Market—Local Caught Fish*

Representations were made by the fish tradesmen that the fishmarket at Circus Street was inadequate and unsatisfactory, and the local fishing industry requested that they be allowed to return to the old Fish Market on the sea front which was closed in 1960 because of the unhygienic conditions. The arches comprising the old fish market are similar as regards situation, construction and condition to the rest of the King's Road Arches which have been frequently reported as unfit for the preparation, storage and sale of food. From the hygiene point of view the old market cannot be considered for re-opening.

### *Catering Establishments and Hotels*

The trend of modernising catering establishments continued throughout the year, and high standards of equipment, furnishings and decorations are being achieved. Kitchens are being equipped to a correspondingly high standard, and there is an increasing tendency to have the preparation of food in view of the customers.

### *Health Education*

Four courses were held at the Technical College leading to the examination of the Royal Institute of Public Health and Hygiene. Fifty-five candidates were successful in obtaining the certificate of the Institute. The members of the classes find the lectures interesting and enjoyable, and letters have been received from employers expressing their appreciation of the value of the courses.

Lectures and film shows were given at large institutions, licensed hotels, to catering trades and housewives. Four special lectures were given to the School Meals Services. An exhibition of live insect pests was shown in the entrance hall at Royal York Buildings.

Education in hygiene is of the highest value; food handlers are told of the reasons why certain practices could be dangerous and what steps can be taken to prevent food poisoning. The food hygiene lectures are given whenever the opportunity occurs, and the benefits of the knowledge gained is bound to improve the standards of food preparation and handling.

## **PUBLIC HEALTH ACT 1936**

During the year defects of repair were remedied in 662 houses as the result of notices served under the Public Health Act 1936.

173 notices were served for other nuisances such as insanitary accumulations, animals kept in unhygienic conditions, verminous premises etc.

The District Inspectors made 4,421 visits in connection with these notices and interviews with owners, architects, builders etc., totalled 2,302 during the year.

Legal proceedings were instituted in four cases where Abatement Notices were not complied with. In two of these the necessary works were carried out between the service of the summons and the hearing.

In the remaining cases the owners concerned were fined £2 each. with £2 2s. 0d. costs, and the Magistrates made orders for the works to be done.

**FACTORIES ACT 1961**

The following tables set out the numbers of factory premises of various types and give details of action taken where defects were found upon inspection.

1. *Inspections for purposes of provisions as to health.*

| Premises<br>(1)                                                                                                     | Number<br>on<br>Register<br>(2) | Number of          |                           |                                |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|---------------------------|--------------------------------|
|                                                                                                                     |                                 | Inspections<br>(3) | Written<br>notices<br>(4) | Occupiers<br>prosecuted<br>(5) |
| (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..                     | 436                             | 183                | 11                        | —                              |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..                     | 521                             | 201                | 17                        | —                              |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... .. | 41                              | 18                 | 7                         | —                              |
| Total ... ..                                                                                                        | 998                             | 402                | 35                        | —                              |

2. *Cases in which defects were found.*

| Particulars<br>(1)                                                          | Number of cases in which defects were found |                 |                          |                          | Number of cases in which prosecutions were instituted<br>(6) |
|-----------------------------------------------------------------------------|---------------------------------------------|-----------------|--------------------------|--------------------------|--------------------------------------------------------------|
|                                                                             | Found<br>(2)                                | Remedied<br>(3) | To H.M. Inspector<br>(4) | By H.M. Inspector<br>(5) |                                                              |
| Want of cleanliness (S.1)                                                   | 32                                          | 27              | —                        | —                        | —                                                            |
| Overcrowding (S.2)                                                          | 1                                           | 1               | —                        | —                        | —                                                            |
| Unreasonable temperature (S.3)                                              | 3                                           | 3               | —                        | —                        | —                                                            |
| Inadequate ventilation (S.4)                                                | 10                                          | 7               | 1                        | 3                        | —                                                            |
| Ineffective drainage of floors (S.6)                                        | —                                           | —               | —                        | —                        | —                                                            |
| Sanitary Conveniences (S.7)                                                 |                                             |                 |                          |                          |                                                              |
| (a) Insufficient                                                            | 5                                           | 5               | —                        | 2                        | —                                                            |
| (b) Unsuitable or defective                                                 | 11                                          | 9               | —                        | 1                        | —                                                            |
| (c) Not separate for sexes                                                  | 4                                           | 4               | —                        | —                        | —                                                            |
| Other offences against the Act (not including offences relating to Outwork) | 3                                           | 1               | 2                        | —                        | —                                                            |
| Total                                                                       | 69                                          | 57              | 3                        | 6                        | —                                                            |

*Part VIII of the Act—Outwork.*

| Nature of Work<br>(1)                              | Section 133                                                           |                                                             |                                                     | Section 134                                          |                    |                  |
|----------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|--------------------|------------------|
|                                                    | No. of out-workers in August list required by Section 133 (1) (c) (2) | No. of cases of default in sending lists to the Council (3) | No. of prosecutions for failure to supply lists (4) | No. of instances of work in unwholesome premises (5) | Notices served (6) | Prosecutions (7) |
| Wearing apparel: Making, etc. Cleaning and Washing | 269                                                                   | 1                                                           | —                                                   | —                                                    | —                  | —                |
| Lace, lace curtains and nets                       | 3                                                                     | —                                                           | —                                                   | —                                                    | —                  | —                |
| Curtains and furniture hangings                    | 2                                                                     | —                                                           | —                                                   | —                                                    | —                  | —                |
| Furniture and upholstery                           | 4                                                                     | —                                                           | —                                                   | —                                                    | —                  | —                |
| Artificial flowers                                 | 1                                                                     | —                                                           | —                                                   | —                                                    | —                  | —                |
| Stuffed toys                                       | 1                                                                     | —                                                           | —                                                   | —                                                    | —                  | —                |
| Total                                              | 280                                                                   | 1                                                           | —                                                   | —                                                    | —                  | —                |

**CLEANSING CENTRE**

The beginning of 1963 saw the continuation of the arctic conditions mentioned at the end of last year's Report.

As is usual in an emergency the staff of the Cleansing Centre found themselves with a variety of additional duties thrust upon them. Water pipes burst and soaked carpets, bedding and even sprayed curtains and furniture. The unfortunate householders, particularly those who were aged and infirm, did not know where to turn and once it became known, through various visitors to these people, that the Health Department would help, the flood of requests rose as fast as the flowing water.

Every possible form of heating was used and the waterlogged materials were hung and draped round various parts of the Cleansing Centre until it looked like the scenery deck backstage at a theatre. When the drivers collecting these items found it necessary, oil stoves were taken to help dry out rooms (mainly those occupied by the elderly). Help was also given in locating stop cocks, turning off water supplies and getting emergency plumbing repairs carried out.

A regular water supply was taken to one old lady living in a shack on some allotments until one morning the van driver found her condition had deteriorated to such an extent that she needed attention. He telephoned to the Department and whilst waiting for the ambulance he and his mate cleared the snow to make access possible.

It is pleasing to report year after year upon the willing way in which the Cleansing Centre staff take on those tasks which, small though they may be, are so often unsavoury and awkward. There is a sort of no-man's-land which

is not exactly covered by any Act, Order or Regulation and which is therefore under nobody's jurisdiction. It is in this undefined territory that an ounce of practical and instant help is worth a ton of administrative discussions and reports. And it is here that the operatives do so much more than their duty actually calls upon them to do.

### *Laundry Service and Personal Cleansing*

The laundry service provided at the Cleansing Centre for the chronic sick and aged persons nursed at home has continued to be used to the full.

5,279 visits were made for the collection of soiled clothing and bedding and 48,952 articles were laundered during the year. The distance covered amounted to 6,700 miles.

The main difficulty experienced was the usual one of getting laundry dry quickly where the patients had little linen to change into or were particularly incontinent. New drying equipment to be obtained during the next financial year should help to secure a quicker "turnover".

On the personal cleansing side 39 cases of scabies were treated and 40 cases of body lice were dealt with. 80 persons came to the Centre for bathing during the year, many of them at regular intervals. 36 vagrants were cleansed and their clothing and effects disinfested. 1,972 verminous articles were disinfested and in six cases the removal of bug-infested furniture and effects was carried out for families moving from slum clearance properties into Corporation houses. In these cases the entire van load of household goods is disinfested before it is taken to the new house.

Before these Clearance Area houses are pulled down they are disinfested, as a matter of routine, before workmen go into them to start the demolition. 106 such premises were treated in 1963.

Another 173 houses were disinfested where vermin conditions (mainly fleas) were reported by the occupiers or found, upon inspection, by the Public Health Inspectors.

The Cleansing Centre staff carried out 21 disinfections after infectious disease, under the supervision of the Infectious Diseases Officer.

### *Miscellaneous*

Under this heading vans from the Centre have made 953 visits. These include calls for the delivery of disposable bed pads (for incontinent patients and the collection of soiled pads and contaminated dressings changed by the nursing staff).

The collection and delivery, on loan, of night commodes, oil heaters (to old age pensioners and where additional heating is necessary for babies delivered at home) has continued and during the severe weather, this service was a boon to many. Icy conditions made it extremely dangerous for frail old people to cross back yards to outside toilets for many weeks early in the year.

The drivers from the Centre have also been engaged regularly for a day and a half on alternate weeks on the collection and distribution of Welfare foods to clinics throughout the town. The vans are used as necessary for the collection of unfit foodstuffs where any large quantities are condemned and the transport of the materials to the Corporation tip for burial.

## RODENT CONTROL

The following tables set out the number of visits and treatments carried out by the Cleansing Centre Staff engaged on rodent control.

|                                                                     | Local<br>Authority's<br>Premises | Dwelling<br>Houses | Other<br>Premises           | Total |
|---------------------------------------------------------------------|----------------------------------|--------------------|-----------------------------|-------|
| <i>Properties inspected:</i>                                        |                                  |                    |                             |       |
| On notification ... ..                                              | 47                               | 473                | 152                         | 672   |
| Survey under Act ... ..                                             | 52                               | 958                | 255                         | 1265  |
| Properties otherwise inspected<br>(primarily for other purposes)... | 9                                | 112                | 1029<br>Food<br>Shops, etc. | 1150  |
| <i>Properties found to be infested:</i>                             |                                  |                    |                             |       |
| Rats ... ..                                                         | 23                               | 183                | 38                          | 244   |
| Mice ... ..                                                         | 27                               | 181                | 98                          | 306   |
| Premises treated by<br>Local Authority... ..                        | 47                               | 448                | 138                         | 633   |

49 Block Control Schemes were carried out during the year. During these operations all the premises in a particular area, together with their drainage and connected sewerage systems, are inspected and treated where necessary.

### *Insects and Other Pests*

The Rodent Operators, as usual, have been called upon to cope with live-stock of all varieties, whether creeping, crawling, slinking or flying.

The following list gives some idea of the type of complaints received:

|                     |    |                       |   |
|---------------------|----|-----------------------|---|
| Cockroaches ... ..  | 22 | Silver Fish ... ..    | 2 |
| Caterpillars... ..  | 11 | Maggots ... ..        | 2 |
| Woodlice ... ..     | 6  | Lice... ..            | 2 |
| Bee Swarms ... ..   | 8  | Carpet Beetles ... .. | 1 |
| Wasps' Nests ... .. | 44 | Badgers ... ..        | 4 |
| Ants... ..          | 16 | Moles ... ..          | 3 |
| Flies... ..         | 23 | Snakes ... ..         | 2 |

On seventeen occasions reports of foxes have been dealt with. These animals are now such regular sources of complaint and are dealt with so expeditiously by the Cleansing Centre Staff that some of them now talk of the Quorn and Belvoir Hunts as though they were respected, but by no means superior, rivals in the field.

Rooms and premises, left filthy and full of rubbish upon the death of an aged tenant or his removal to hospital, have been cleared and cleaned up in seventeen cases. These tasks have involved 21 visits for fumigation purposes.

Twelve miscellaneous smells, varying from the fishy stench of an overheated plastic lamp shade to dead rats under floors or concealed and choked inspection chambers under yards and passage ways have been traced and remedied.

The Department is called upon, from time to time, to identify unknown insects. During the year forty such specimens were sent in. Some of them were of no medical or hygienic importance, but in every case the complainants were told what the insects were and given advice on methods of eradication.

## *Pigeons*

The reduction of pigeon flocks within the Borough has continued during the year, and Messrs. Ashtons, the Contractors, have killed 3,217 birds, as well as destroying nests and eggs in roosting places. Only these methods permitted by the Protection of Birds Act 1954 are used, under the terms of the firm's contract.

Although the birds have been reduced in numbers in many parts of the town, great difficulty has been experienced in dealing with the flocks which feed around the War Memorial Gardens in Old Steine. Because so much food is provided by the public, the birds cannot be tempted into traps and the majority of them roost in other parts of the town so that shooting is difficult. The Contractor's attempt to catch the birds by hand feeding had to be discontinued to avoid giving offence to bird lovers.

The Parks and Gardens Department did, some years ago, post a man to stop the public putting down food in the gardens, but this led to complaints.

As the only remaining method was by using narcotic baits, application was made to the Ministry of Agriculture, Fisheries and Food, for a licence for the treatment. This was granted and after prebaiting for some fourteen days the narcotic bait (alpha chloralose on maize) was used.

The Ministry lay down very strict rules as to the precautions to be observed to ensure that other protected birds are not killed and that the treatment is humane. To avoid causing any upset to the public the baiting has to be carried out at a very early hour and the doped grain has to be swept up and disposed of before the streets become busy. The drug stupefies the birds which are then picked up and put into a lethal chamber. Ringed pigeons or protected birds are put into special baskets and allowed to recover, then released.

Fifty-seven pigeons were destroyed in the first treatment one Sunday morning. This was not entirely satisfactory but in August it did not get light enough for the birds to come down to feed before 5.30 a.m. As the treatment had to be completed and the site cleaned by 7.30 a.m., full feeding was impossible.

The Ministry representatives agreed to the carrying out of further narcotic treatments during the Spring of 1964 when work can be commenced say, at 4 a.m.

## *Noise Nuisances*

In previous years the majority of complaints about noise have referred to comparatively light forms of industry or the row caused by patrons of public houses, coffee bars, clubs etc.

Although the noises are extremely annoying to local residents the area affected is usually quite limited in size and the source of the nuisance can be adequately dealt with.

The commencement of really extensive civil engineering projects has provided a very different problem. Whilst it is possible to reduce noise from many individual pieces of equipment, such as pneumatic drills, compressor motors etc., it is impossible to avoid *some* noise, for instance, the driving of piles into hard ground is bound to cause vibration no matter what precautions are taken. There is also bound to be a build-up of noises from various sources which may be comparatively innocuous in themselves but in the aggregate, give rise to numerous justifiable complaints.

The District Inspector has no easy job in satisfying the complainants by getting noise reduced to a minimum without by his action delaying the contractors who are always fighting to keep up to a time schedule.

It does seem that in the planning and preliminary stages there should be more consideration given to the noise aspect. When the job is being carried out at full speed it is often too late to take action to mitigate the uproar. A discussion before the first bulldozer clanks on to the site would at least, give the Local Authority's officers the opportunity to make their point and would put them in a position to explain the difficulties of each side to the other.

It may well be that provision will have to be made in future contracts to ensure that the noise levels are kept within certain permitted limits. The problem is one which is to be with us for some years to come and it has not, so far, received the attention which it merits.

### *Clean Air Act 1956*

As usual, many of the smoke nuisance complaints received referred to garden bonfires. The trouble could be avoided in most cases by a little consideration for others, and it is sometimes obvious that the building up of a smoking fire whilst neighbours have washing on the line is a form of retaliation for some real or fancied mischief from the other side.

Where the nuisance arises from thoughtlessness it can be put right by a few minutes' informal talk. Where there is a deliberate intention to annoy, the Inspector has to listen to long catalogues about the appearance, habits and morals of each party, as seen by the other. Apart from the time wasted he has to exercise a great deal of tact to avoid falling out with both sides, and though the bonfire nuisance may be abated, nobody concerned is really satisfied.

Very few complaints have been received about industrial premises where the boiler plant is operated by staff who are specialists in their job and have a great deal of experience. A higher number of complaints arise in respect of smaller installations in blocks of flats, hotels, large shops etc. The trouble often occurs because the operation of the plant is only a part-time job for a caretaker, handyman or cleaner. Unskilled staff such as this have a superficial knowledge of the plant which is sufficient to keep it running but certainly not extensive enough to enable them to operate it at maximum efficiency or to avoid causing a smoke nuisance occasionally. In these cases the Smoke Inspector has to spend some time on teaching elementary boiler house practice.

Routine air pollution readings at three survey points are being made daily and the results are forwarded each month to the Department of Scientific and Industrial Research. The correlation of statistics from Local Authorities all over the kingdom takes some time and we have not yet had the full year's statistics forwarded to us, but one point which has arisen from our readings is an interesting one.

The measuring apparatus, which is working throughout the 24 hours each day draws a volume of air through a filter paper held in a clamp, leaving a smoke stain on the paper. The darkness of the stain, measured with a reflectometer, shows the concentration of smoke in the atmosphere.

Originally we used 2in. clamps, but the readings were so light that we changed to the 1in. type. Recently a further change has been made to  $\frac{1}{2}$ in. clamps which, in the words of the laboratory's instructions "should be confined to extremely clean areas, where 1in. clamps give reflectometer readings of 95 and over."

It is satisfactory to think that we have to use the smallest available filter clamp size to get a reading dark enough to be usefully measured.

### *Shops Act 1950*

During the year 2,985 visits and inspections were made by the Shops Inspectors. It was found necessary to carry out duties on 28 weekends to deal with

complaints about trading hours and checking the hours of employment of shop assistants. The evening closing of shops was checked on 17 occasions.

The employment of young persons provides certain difficulties during the summer months and it was necessary to make 110 visits to obtain the required information.

Two petitions were received from boot and shoe dealers and domestic hardware merchants under Section 40 of the Act which allows the Local Authority to make orders to exempt seasonal traders from closing on the weekly half-holiday. Both petitions were refused.

Two applications were received to suspend the evening closing hours in respect of exhibitions and both were granted.

An order was made suspending the obligation to close shops on the weekly half-holiday for the month of December.

A petition was received from traders in the London Road area of the town to change the weekly half-day closing from Thursday to Wednesday. A register of shops was compiled and a vote was taken. The result was a 3 to 1 majority against any such change.

It was necessary to take legal action against seven traders during the year and these prosecutions resulted in three fines of 20/-; one of £3; one of £4 and two of £5.

There was a general agitation against the provisions of the Shops Act during the year. Dissatisfaction was expressed against different half-day closing of shops in different parts of the town; the obligation to close on one half-day in each week and generally against the evening closing hours. Although trade associations and individual traders were interviewed and procedures to be adopted by them to secure changes of the Act and Orders made thereunder they could not agree amongst themselves as to generally acceptable amendments. There is no unanimity of views amongst the traders themselves.

The question of Sunday trading by seasonal traders was raised. The Local Authority have made representations to the Home Office and the Association of Municipal Corporations to extend the number of Sundays allowed in the Shops Act from 18 to 26 but so far no decisions have been made by the Government.

## **PUBLIC ABATTOIR**

### **ANNUAL REPORT FOR 1963**

A decline in the number of animals, amounting to over 7,000 cattle units, has brought the combined throughput to the lowest for the past seven years.

Although the number of tuberculosis reactors slaughtered were three times as many as the previous year, there was only a slight increase in the tuberculosis rate of cattle and calves examined. Of 115 reactors, 69 showed visible lesions of tuberculosis on post-mortem examination. More than half of the reactors were derived from breakdowns in four herds in Sussex and it is particularly gratifying to note that one of these breakdowns was detected by the finding of tubercular lesions in a market cow during routine meat inspection at the Public Abattoir.

Fourteen cattle from nearby markets were found during routine meat inspection to be affected with lesions suggestive of tuberculosis. The farms involved were traced so that further veterinary inspections of the herds involved could be made by the Officer of the Ministry of Agriculture, Fisheries and Food. Thirty non-reactor animals were sent under special licence for slaughter at the Public Abattoir from three farms under surveillance.

The incidence of fascioliasis (liver fluke) in cattle has again risen to 51%. The following table shows that there was an upward trend in the last quarter possibly due to the high rainfall in the earlier part of the year.

Table I—*Condemnation Rates of Bovine Livers*

| Period                    | Through-Put | Whole Livers   |       |                                           |                    |              | Part Livers<br>– Fascioliasis |       |
|---------------------------|-------------|----------------|-------|-------------------------------------------|--------------------|--------------|-------------------------------|-------|
|                           |             | Total Affected | % age | Cause                                     | No.                | % age        | Total Affected                | % age |
| January<br>—<br>September | 9063        | 2527           | 28    | Fascioliasis<br>Abscesses<br>Other causes | 1725<br>589<br>213 | 19<br>6<br>2 | 2167                          | 24    |
| October<br>—<br>December  | 3509        | 1121           | 32    | Fascioliasis<br>Abscesses<br>Other causes | 769<br>326<br>26   | 23<br>9<br>1 | 1121                          | 32    |

If the trend, as shown in the following table, continues, the butcher should be getting a more favourable return from pigs' offal. The past year has shown noticeable improvement in the health of pigs examined although tuberculosis is still occasionally found in pigs' sub-maxillary lymph nodes.

Table II—*Condemnation Rates for Pigs' Livers with Parasitic Conditions*

| Period                             | Throughput | Whole Livers   |       | Part Livers    |       |
|------------------------------------|------------|----------------|-------|----------------|-------|
|                                    |            | Total Affected | % age | Total Affected | % age |
| 1st January<br>—<br>30th September | 22145      | 2824           | 13    | 3235           | 15    |
| 1st October<br>—<br>31st December  | 9398       | 833            | 9     | 1206           | 13    |

### *Cysticercosis*

In spite of the fact that in the last quarter of the year, carcasses and offals with single degenerated cysticerci have also been sent for cold storage treatment, *cysticercosis* in cattle this year shows a further decrease. The placing of all carcasses and offal into cold storage, irrespective of viability of the cyst, was decided in the light of the new Meat Inspection Regulations, 1963, which do not admit the question of viability. This decision may not be popular with the local Market Insurance Committees but perhaps greater interest in the problem of bovine cysticercosis may be aroused.

A specimen of bovine musculature was sent to the London School of Hygiene and Tropical Medicine for examination for suspected sarcocysts. The carcass affected showed throughout what appeared to be degenerated parasitic material between muscle fibres. Since the histological report stated that the caseating material had been examined and no spores were found, there is still considerable doubt as to what exactly was encountered. A similar condition was seen in 1961 and, if seen again, then, a closer examination by several laboratories will be made.

The Meat Inspection Regulations, 1963, which came into force on the 1st October, describe, amongst other things, a system of meat inspection which has always been carried out at the Public Abattoir, when necessitated by evidence of disease. These Regulations are welcomed as a means of securing uniformity of meat inspection standards throughout England and Wales. They also provide for charges to be made to butchers for meat inspection.

### *Tumours and Neoplasms*

Ten specimens of suspected tumour material which were sent during the year to the Department of Pathology of the Royal Veterinary College were all confirmed as tumours.

*Neoplasm No. 17* was the only *benign connective tissue tumour* examined. It was from a 22-month old Friesian steer which, for the two previous months, had received veterinary treatment for swelling of its sheath. The use of antibiotics had only produced intermittent temporary improvements and it was decided to slaughter the animal. On post-mortem examination, the carcass was found to be poorly developed, lacking in fat and there was a phimosis due to blocking of the sheath by a neoplasm originating from the glans penis. The sheath was opened up to disclose a flattened mass 6in. by 3in. by 2in. with an offensive odour of bacterial activity. Internally, the kidneys were swollen and oedematous with acute nephritis and the inflammation of acute cystitis of the bladder had spread to the contiguous parts of the intestines and peritoneum. All renal and pelvic fats were replaced by gelatinous material. The histological diagnosis was a *hyalinising fibroma*.

*Neoplasm No. 26* provided the only *malignant connective tissue tumour* found. The material was derived from a four-year old ewe of unknown breed slaughtered as a normal market animal. Multiple neoplasms, varying in size from a pinhead to 1in. in diameter were found scattered throughout the substance of the liver. Further neoplasms were found in the medullary areas of both kidneys and in the substance of the heart auricles. The hepatised apical lobe of the right lung suggested another neoplasm whilst the thymus gland seemed to be undergoing change. The carcass was in good condition, being well fattened and showing no signs of icterus. The histological diagnosis in this case was uncertain, not being a typical lymphosarcoma and was classified as a *pleomorphic cell sarcoma*. Instead of containing cells conforming to one particular type as in round-celled sarcoma and spindle-celled sarcoma, the pleomorphic-cell or mixed-celled sarcoma consists of a variety of large and small cells, some round, others fusiform or irregular in shape. Some of the cells may also be multinucleated. These cells are not arranged in any particular pattern, various cells being mixed up in a most confused manner.

*Benign epithelial tumours* form the main group examined this year and all six were found in adrenal bodies from five cattle and one ewe. It was remarked in the previous year's Annual Report that the submission of tumours found in adrenal bodies for histological examination might provide some interesting information. The findings as described below show that the adrenal body can be affected with a wide range of primary and seemingly isolated tumours. In providing the histological diagnoses in this group, the pathologist concerned has pointed out that with adrenal medullary tumours the problem is whether a tumour found in the adrenal medulla is actually a misplaced cortical tumour. This is a puzzle in animals and, even in human beings, pathologists still find difficulty in distinguishing the lesions in all cases. The pathologists intimated that at a later date when a worthwhile number have been examined, all tumours of adrenal origin would be reviewed and final confirmation of the diagnoses would then be possible.

A 12-year old Shorthorn cow provided *Neoplasm No. 18* where, in the left adrenal body, the medulla was replaced by neoplastic material  $3\frac{1}{2}$ in. in diameter. The histological report stated that this was *an adenoma possibly of medullary origin*.

A 10-year old Shorthorn cow, whose fat suggested that it had been crossbred with a Guernsey breed, provided *Neoplasm No. 19*. The left adrenal body showed no abnormality other than a strong yellow granular pigmentation of the cortical area. A section cut into the right adrenal body exposed a possible neoplasm about  $\frac{1}{4}$ in. in diameter. The other portion of the adrenal body showed a cortical projection of at least  $\frac{1}{4}$ in. into the medulla. A cut through this section showed a tract darker than the surrounding tissue. The histological diagnosis was *a multifocal cortical adenoma*.

*Neoplasm No. 20* was found in a 4-year old Kent Cross ewe where the right adrenal body had been totally replaced by a neoplasm 4in. in diameter. A cut section showed a firm, fairly vascular, pulp tumour with possibly a gelatinous centre and some septic foci throughout. The associated right renal lymph node was slightly enlarged and highly haemorrhagic. The histological diagnosis was *a pheochromocytoma*. This is a tumour arising from chromaffin cells.

The owner of the local knackers yard found the material of *Neoplasm No. 21* which came from an 8-year old Friesian cow which had been slaughtered because it was "going back quickly". Apparently after its fourth and last calving a slight vaginal discharge was noticed. Only the kidney and knob, including the lesion, were available and the further details were dependent upon the knacker's description.

The right adrenal body appeared to be replaced by a neoplasm 9in. by 6in., highly vascular in parts and hard to cut because of a thin cartilaginous surround. The right kidney consisted almost entirely of white fibrous material containing pus and sinuses. There was also compensatory hypertrophy of the left kidney. The description of the lungs suggested a broncho-pneumonia. The histological diagnosis was *a papillary cystadenoma* and it was thought that this benign tumour was not of adrenal origin but most probably of kidney origin.

*Neoplasm No. 24* was found in a 6-year old Friesian cow where a 3in. soft and pulpy tumour was located in the medulla of the right adrenal body. The histological diagnosis was *a benign adenoma of medullary origin*.

*Neoplasm No. 25* came from an 8-year old Sussex cow and was a 9in. by 6in. soft and pulpy tumour in the right adrenal body. The histological diagnosis was *a pheochromocytoma*.

There were two examples of *tumour of lymphoid tissues*. *Neoplasm No. 22* was found in a 4-month old pig where the thymus gland had been replaced by a soft multiple tumour 3in. by  $1\frac{1}{2}$ in. in size. No apparent spread to the associated lymph nodes was observed. The histological diagnosis confirmed *a lymphosarcoma*.

*Neoplasm No. 23* was in a 7-month old bacon pig from a litter of twelve which included four born dead. Its weight gain had always been good and nothing was observed by the owner until about three days before slaughter when he noticed a swelling on its neck and a wheezy bubbling breathing. Post-mortem examination revealed apical pneumonia in the lungs and an enlargement with neoplastic changes in the cervical chain of lymph nodes descending to but not involving the bronchial lymph nodes. Examination of the carcass showed a 10in. primary tumour located at the rear of the head and in the right neck. The cut tumour appeared pulpy with a large haemorrhagic area in the centre. The histological diagnosis was to confirm it as *a lymphosarcoma*.

*Casualty Slaughtered Animals*

| Number slaughtered |     | Totally Rejected | Carcases of which some part or organ was rejected | Carcases Released |
|--------------------|-----|------------------|---------------------------------------------------|-------------------|
| Cattle             | 35  | 8                | 24                                                | 3                 |
| Calves             | 5   | 1                | 4                                                 | —                 |
| Sheep              | 20  | 4                | 9                                                 | 7                 |
| Pigs               | 49  | 15               | 23                                                | 11                |
| Totals             | 109 | 28               | 60                                                | 21                |

Of all the problems encountered during the year, the most interesting occurred in June giving rise to some considerable research and serious thought.

Upon returning to the Public Abattoir one afternoon, the Senior Meat Inspector was informed that the offal and carcase of a beast were in the chill rooms awaiting inspection. The animal was not a true casualty but one of a number sent for slaughter on the next day. The stockman had noticed an animal in seeming distress and it had been slaughtered. The slaughterman concerned had left a message that, after stunning and bleeding, the head appeared to be cold and the carcase had stiffened in the dressing process.

A first look in the chill rooms gave cause for alarm. The high blood retention in the liver, kidneys, spleen and capillaries throughout the fatty tissue suggested a blood disease, possibly anthrax. Immediately there came to mind the serious problem of contamination by anthrax organisms following a trail from the stunning pen through the slaughterhouse into the chill rooms. Not only would the whole area including equipment have to be thoroughly cleansed and disinfected but any meat and offal in the chill rooms that might have been contaminated would also have to be destroyed by fire. The prospect was almost too overwhelming to envisage.

Returning to the slaughterhouse to examine the stomachs and intestines, it was found that the heifer concerned had a gastritis of the abomasum or true digestive stomach which continued into the duodenum. The stomach contents were fermenting with a strong acid odour.

By questioning the producer the threat of anthrax was eliminated and it was soon established that the heifer was probably suffering from Barley Sickness. This little known condition has been noted in recent years when barley in large quantities was used as a basic feed in the intensive rearing of cattle. The method of using "rolled" barley, supplemented with vitamins and minerals, produces beef cattle at an early age but there is always a danger of the barley fermenting in the stomachs resulting in a serious digestive upset. A higher incidence of liver abscesses in barley fed animals has also been noted.

Portions of the affected liver and spleen from the 15-month heifer with a control sample of liver from another beast were sent for laboratory examination to determine the location of fat globules and nuclei and whether the noted fatty change was due to a physiological or pathological cause. The Consultant Pathologist of the Royal Sussex County Hospital reported:

"Using a routine paraffin section—H and E technique, there was no detectable difference between the two samples; but in frozen sections it is clear that the suspected liver is loaded with neutral fat which is not present at all in the control.

This may be a metabolic effect of the diet and not necessarily pathological; but it certainly confirms your macroscopic assessment."

Before the pathology report was received, all organs retaining blood were rejected and since the carcase had set properly it was passed.

This occurrence drew attention to the fact that "barley beef" was being included in the routine slaughter. It was soon found that these carcasses could be readily recognised by the "dead" appearance of the carcase fat which lacked the rosy tints normally seen in animals reared by more conventional methods. Search was started to find out more about Barley Sickness and it was discovered that the only information readily available was to be found in the correspondence columns of a veterinary periodical.

From these writings it was concluded that in an animal suffering from Barley Sickness one would expect to find some evidence of the following:

The recent history might include a sharp change in feeding stuffs to barley, pneumonia, blindness or a Vitamin A deficiency.

The ante-mortem picture might show a cessation of feeding, grey passive diarrhoea with a fermenting odour, normal or sub-normal temperature, cold extremities, accelerated pulse, slow shallow respiration, dull, sleepy and unresponsive to stimuli, recumbent and unable to rise, posterior inco-ordination or a coma leading finally to death.

The post-mortem appearance as seen during inspection might include a gastro-enteritis particularly of the fourth stomach extending into the duodenum, the stomach contents being pasty with sharp acid odour, fatty change in liver, haemo-concentration, or an abnormal appearance of the carcase fat.

## **DISEASES OF ANIMALS ACTS**

### **SWINE FEVER ORDER OF 1938**

During routine inspection of pig carcasses, Swine Fever was suspected and the pig slaughterhouse declared to be an Infected Place on one occasion. Following disinfection of the premises and cremation of the affected carcasses and offals, restrictions were cancelled by the Ministry of Agriculture, Fisheries and Food.

One pig farm was declared to be an Infected Place when Swine Fever was suspected to be the cause of the sudden death of a pig. The Animal Health Division of the Ministry of Agriculture, Fisheries and Food confirmed the existence of Swine Fever and the 291 pigs involved were disposed of in accordance with the Order.

### **SWINE FEVER ORDER OF 1963**

This Order, which came into force on the 11th March this year, contains most of the controls of the above revoked order with its amendments and, in addition, new provisions necessary for operating the policy of eradication of Swine Fever by means of compulsory slaughter measures. No Infected Place was declared during the period under review.

### **SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER, 1956**

For two periods, 13th January to 13th May, and 14th August to 19th October the County Borough was included in an Infected Area with the attendant restrictions on the movement and marketing of pigs.

### **ANTHRAX ORDER OF 1938**

On one occasion at the local knacker's yard whilst boning out a cow carcase, the knackerman found lesions suggestive of anthrax. The knacker's yard was

declared an Infected Place, the carcase, offal and hide were cremated and the premises disinfected. Anthrax was not confirmed by the Ministry of Agriculture, Fisheries and Food.

#### SLAUGHTER OF ANIMALS ACT, 1958

On 31st December, 1963 twenty-five persons were in possession of slaughtering licences issued by the County Borough.

#### SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS, 1958

The annual return rendered by the occupier of the local knacker's yard in compliance with these Regulations showed that no horse had been slaughtered on the premises and that forty-seven horse carcases had been received there during the past year.

### ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

#### *Carcases and offal inspected and condemned in whole or part*

|                                                                                              | Beasts | Calves | Sheep | Pigs  |
|----------------------------------------------------------------------------------------------|--------|--------|-------|-------|
| Killed ... ..                                                                                | 12572  | 4532   | 22539 | 31543 |
| Inspected ... ..                                                                             | 12572  | 4532   | 22539 | 31543 |
| <i>All diseases except Tuberculosis and Cysticerci:</i>                                      |        |        |       |       |
| Whole carcases condemned ... ..                                                              | 23     | 35     | 51    | 158   |
| Carcases of which some part or organ was condemned ... ..                                    | 7844   | 154    | 3664  | 13554 |
| Percentage of the number infected with disease other than Tuberculosis and Cysticerci ... .. | 62.57  | 4.17   | 16.48 | 43.47 |
| <i>Tuberculosis only:</i>                                                                    |        |        |       |       |
| Whole carcases condemned ... ..                                                              | 1      | —      | —     | —     |
| Carcases of which some part or organ was condemned ... ..                                    | 79     | 4      | —     | 52    |
| Percentage of number inspected infected with Tuberculosis ... ..                             | 0.64   | 0.09   | —     | 0.14  |
| <i>Cysticercosis only:</i>                                                                   |        |        |       |       |
| Carcase of which some part or organ was condemned ... ..                                     | 175    |        |       |       |
| Carcases submitted to treatment by refrigeration ... ..                                      | 72     |        |       |       |
| Generalised and totally condemned ... ..                                                     | —      |        |       |       |
| Percentage of the number inspected infected with Cysticerci ... ..                           | 1.39   |        |       |       |



COUNTY BOROUGH OF BRIGHTON



# ANNUAL REPORT

OF THE

## PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D., Q.H.P.*

M.B., Ch.B., D.P.H., D.I.H.

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1963

HEALTH DEPARTMENT,  
ROYAL YORK BUILDINGS,  
BRIGHTON 1.

*To the Members of the Brighton Education Authority*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service as Principal School Medical Officer to the Brighton Education Committee.

### *Health Education*

The aim of education must be to produce a mature, well-balanced individual; the rôle of health education in this is of vital importance. For several years senior members of the school nursing staff have devoted a considerable amount of time to the presentation of advice on the hygiene of living to school children, with particular reference to their responsibility to the community as future citizens and parents.

### *Mothercraft* (see Appendix A)

Senior girls have been instructed in mothercraft, but before embarking on courses of instruction it has been the practice to hold meetings at the school, to which all parents are invited so that the details of the syllabus may be discussed and any parental reservations made. Initially some fears were expressed as to the dangers which might be associated with the presentation of such material, but due to the sympathetic method of giving information these fears have proved groundless and more and more parents are readily giving consent for their children to attend a course of instruction.

During the year several important projects were initiated.

### *Audiological Service*

A survey was carried out to assess the magnitude of the problem of unsuspected hearing impairment in normal children attending primary schools in Brighton. The study was conducted on 715 pupils attending seven schools. The children were unselected in that any child whose hearing was suspect was deliberately excluded from the group. 74 were found to have a hearing loss greater than 20 decibels in one or both ears. They were subsequently examined and referred at the School Clinic and finally 34 were referred to a Consultant Ear, Nose and Throat Surgeon (see Appendix B).

This survey clearly indicated that there was a large pool of pre-school and school children with a significant but unsuspected hearing loss which was bound to interfere to some extent with the child's education, depending partly on the child's intelligence and partly on the child's experience and understanding of his environment whether at school or in the home.

Following the survey it was decided that the Authority would set up a comprehensive Audiological Service to detect all cases of hearing impairment at the earliest possible age, to give advice, counselling and treatment where necessary to the child, his parents and teachers and to establish a teaching unit for partially hearing children who are likely to remain in the normal school streams. (The provision for special educational treatment for the more severely handicapped children would remain the province of Special Schools).

### *Annual Vision Testing (see Appendix C)*

It was agreed to introduce annual vision testing of school children in place of the existing method of screening at entry, age 7 years, 10 years and at school leaving following a survey of 1,500 junior and secondary school children who were not in the age groups eligible for routine screening. The survey disclosed that 25 per 1,000 children had an unsuspected visual defect—in other words one child in each class continued to labour under the handicap of defective vision.

Unfortunately the effect of this measure has been largely nullified by the difficulty the Regional Hospital Board has experienced in providing adequate consultant cover in the eye clinics during the summer period. I should like, however, to express my appreciation of the very willing help of Mr. St. Clair Roberts, consultant ophthalmologist, during this difficult time.

### *Selective Medical Examinations*

Selective school medical inspection of intermediate age groups in place of routine medical inspection is being examined by a number of progressive Local Education Authorities with the positive encouragement of the Department of Education and Science. It was decided to institute a Pilot scheme in the junior department of a primary school where the headmaster had indicated his interest in such a scheme of health supervision. It is hoped that there will be the closest possible co-operation between the parents, teachers and the School Health staff, who would maintain close links with hospital and family doctors (see Appendix D).

### *E.S.N. School Leavers*

The educationally subnormal child who has not attained stability despite the helpful atmosphere of a Special School is at a considerable disadvantage when he leaves school and seeks employment. The transition between school and work is difficult enough for the normal school leaver.

It was agreed that to co-ordinate all resources available case conferences would be held at Woodside Special School.

### *Teaching of Mouth-to-Mouth Resuscitation*

An intensive campaign was held in the summer term to teach Brighton school leavers the mouth-to-mouth method of resuscitation. 1,269 received instruction and practice on life-size models. The head teachers and their staffs were particularly interested and with the active support of the physical education organisers 187 teachers were trained so that they might instruct others. It is hoped that in future all Brighton school-leavers will take with them this knowledge of an effective method of restoring life.

I would like to say how much I have appreciated the interest of Mr. W. G. Stone, Director of Education, and his staff and the enthusiastic and willing co-operation of head teachers and teachers in the inauguration of the above schemes. I would also like to express my gratitude to the medical officers, nurses and clerical staff of the School Health Service for their willing response to the extra work involved. I would particularly mention Dr. Allen, my deputy, for his constant application to the problems of the service.

I wish to record the interest of the Education Schools Services Sub-Committee and their Chairman, Alderman Trevelyan Leak, and the Chairman of the main Committee.

I would also like to acknowledge the work done by members of the various sections of the Education Department.

Yours faithfully,

W. S. PARKER,

*Principal School Medical Officer.*

# EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

List showing members of the Education Committee and certain Sub-Committees  
as at 31st December 1963

## EDUCATION COMMITTEE

Chairman: Councillor Mrs. M. L. Wiggans, J.P.

|                                                          |                                |
|----------------------------------------------------------|--------------------------------|
| HIS WORSHIP THE MAYOR<br>(Councillor S. D. DEASON, J.P.) | Councillor R. E. FITCH         |
| Alderman W. H. G. BUTTON                                 | " G. W. HUMPHREY               |
| " G. FITZGERALD                                          | " L. KNOWLES                   |
| " E. W. KIPPIN                                           | " D. B. SHELDON                |
| " J. A. TREVELYAN LEAK                                   | " A. SLESS, M.B., B.CH.        |
| " Miss E. M. SHORT, M.R.S.T.                             | " S. W. TAYLOR, M.B.E.         |
| " Miss D. E. STRINGER, O.B.E.                            | Miss W. CLEARY                 |
| " C. H. TYSON, B.SC., F.C.A.                             | The Revd. M. G. COSTELLO       |
| " F. E. WINCHESTER                                       | Mr. E. J. FITZGERALD           |
| Councillor D. S. Y. BAKER, M.B.E.                        | Mrs. W. R. GATEHOUSE, L.G.S.M. |
| " R. J. BLACKWOOD                                        | Mrs. M. JAMESON                |
| " N. P. DHOLAKIA                                         | The Revd. Canon J. N. KEELING  |
| " R. DI MASCIO                                           | Mrs. M. G. MILLS, M.A.         |
| " E. W. R. EDE, M.B.E.                                   | Mr. V. A. A. TAYLOR            |
|                                                          | The Revd. EMRYS WALTERS        |

## SCHOOLS SERVICES SUB-COMMITTEE

Chairman: Alderman J. A. Trevelyan Leak

|                                                          |                         |
|----------------------------------------------------------|-------------------------|
| HIS WORSHIP THE MAYOR<br>(Councillor S. D. DEASON, J.P.) | Miss CLEARY             |
| Alderman W. H. G. BUTTON                                 | Mr. FITZGERALD          |
| " WINCHESTER                                             | Mrs. JAMESON            |
| Councillor FITCH                                         | Mr. TAYLOR              |
| " Mrs. WIGGANS                                           | The Revd. EMRYS WALTERS |

## SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Chairman: Alderman W. H. G. Button

|                                                          |                                                                   |
|----------------------------------------------------------|-------------------------------------------------------------------|
| HIS WORSHIP THE MAYOR<br>(Councillor S. D. DEASON, J.P.) | Miss CLEARY                                                       |
| Alderman LEAK                                            | Miss R. E. EVANS (representing<br>Brighton Teachers' Association) |
| Councillor EDE                                           | Mr. FITZGERALD                                                    |
| " FITCH                                                  | Mrs. JAMESON                                                      |
| " Mrs. WIGGANS                                           | Mr. E. POTTER, B.A.                                               |

## MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Chairman: Mrs. M. Jameson

|                                                          |                |
|----------------------------------------------------------|----------------|
| HIS WORSHIP THE MAYOR<br>(Councillor S. D. DEASON, J.P.) | Councillor EDE |
| Alderman BUTTON                                          | " FITCH        |
| " LEAK                                                   | " Mrs. WIGGANS |
| " Miss STRINGER                                          | Mrs. JAMESON   |
|                                                          | Mr. TAYLOR     |

## SCHOOLS SERVICES (APPOINTMENTS) BRANCH SUB-COMMITTEE

Chairman: Alderman J. A. Trevelyan Leak

|                                                          |                         |
|----------------------------------------------------------|-------------------------|
| HIS WORSHIP THE MAYOR<br>(Councillor S. D. DEASON, J.P.) | Councillor Mrs. WIGGANS |
| Alderman BUTTON                                          | Mrs. JAMESON            |

## SCHOOL HEALTH SERVICE STAFF

### Medical Officers

- W. S. PARKER, *V.R.D., Q.H.P.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.  
Principal School Medical Officer.
- W. H. ALLEN, B.Sc., M.B., B.Ch., D.C.H., D.P.H., Deputy Principal School Medical Officer.
- L. B. PETERS, M.B., B.S., Senior School Medical Officer.
- L. D. WILLIAMS, T.D., M.R.C.S., L.R.C.P., D.P.H., School Medical Officer.
- MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.
- MAXINE STANIFORD, M.B., Ch.B., D.P.H., School Medical Officer (Part-time)
- J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon.
- D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon.
- J. L. J. PHILLIPS, B.Sc., M.B., B.Ch., D.O.M.S., S.H.M.O. Ophthalmologist.
- N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist.

### Dental Officers

- E. G. H. LIGHTFOOT, L.D.S., U.St.And., Principal School Dental Officer (to 3rd August 1963).
- W. H. GARLAND, B.D.S., U.Lond., L.D.S.R.C.S., Principal School Dental Officer (from 1st November 1963).
- PAULINE OSIS, D.D.D., School Dental Officer.
- R. H. THOSEBY, L.D.S.R.C.S., School Dental Officer.
- IRMA DROTH, L.D.S.R.C.S., School Dental Officer.

### Speech Clinic

- Miss S. A. BARNARD, L.C.S.T., Senior Speech Therapist (from 2nd September 1963).
- Miss R. WOODWARD, L.C.S.T.
- Miss J. A. FALKNER, L.C.S.T. (to 31st July 1963).

### Orthopaedic Clinic

- Mrs. D. McNULTY, M.C.S.P., Senior Physiotherapist.

### School Nursing Staff

- |                                                 |                                   |
|-------------------------------------------------|-----------------------------------|
| Miss A. WEBBER, *† Senior School Health Visitor | Miss J. BLANDFORD                 |
| Miss J. ORRIDGE*                                | Mrs. E. LOWETH*                   |
| Miss J. LEACH*                                  | Mrs. M. ASTON* (to 31-12-63)      |
| Miss F. HOLLANDS*                               | Mrs. E. G. ELLIOTT (to 28-9-63)   |
| Miss F. DAVIDSON                                | Miss J. MANDELLI* (to 30-11-63)   |
|                                                 | Mrs. I. HAMMERSLEY (from 18-9-63) |

\*Health Visitor's Certificate

†Parentcraft Teacher's Certificate

### Clerical Staff

- |                                |                                |
|--------------------------------|--------------------------------|
| Mr. F. N. WRIGHT, Senior Clerk | Miss M. HILL                   |
| Mrs. M. BIRD                   | Mrs. J. CUNDY (to 1-6-63)      |
| Mrs. H. GILKES                 | Miss D. SEYMOUR (from 31-5-63) |

### Dental Surgery Assistants

- |                                          |                                |
|------------------------------------------|--------------------------------|
| Miss D. SILVER, Senior Surgery Assistant | Miss J. AITKENHEAD             |
| Miss A. ROUND (to 18-12-63)              | Miss M. YEOMANSON (to 2-9-63)  |
| Mrs. A. SPOONER (to 26-8-63)             | Mrs. G. PACKHAM (from 2-12-63) |

The population of Brighton at mid-1963 was 162,910 of which 20,246 were schoolchildren in maintained schools (1962—21,483).

**TABLE I**  
**SCHOOL POPULATION**

The following return shows the number of schools maintained by the Brighton Education Authority and the attendance of children thereat in December 1963:

| <i>School</i>                              | <i>No. on register</i> | <i>Average attendance</i> | <i>Percentage of attendance</i> |
|--------------------------------------------|------------------------|---------------------------|---------------------------------|
| <b>SECONDARY GRAMMAR</b>                   |                        |                           |                                 |
| Varndean Grammar School for Boys ...       | 602                    | 568                       | 94.4                            |
| Varndean Grammar School for Girls ...      | 731                    | 668                       | 91.3                            |
| Westlain (Mixed) Grammar School ...        | 657                    | 603                       | 91.8                            |
| <b>SECONDARY MODERN</b>                    |                        |                           |                                 |
| Dorothy Stringer (Mixed) ... ..            | 769                    | 712                       | 92.5                            |
| Elm Grove Girls' ... ..                    | 342                    | 295                       | 86.2                            |
| Fawcett Boys' ... ..                       | 457                    | 411                       | 89.9                            |
| Fitzherbert R.C. Voluntary (Mixed) ...     | 365                    | 315                       | 86.3                            |
| Longhill C.S. (Mixed) ... ..               | 506                    | 454                       | 89.9                            |
| Margaret Hardy Girls' ... ..               | 536                    | 466                       | 86.8                            |
| Moulsecoomb (Mixed) ... ..                 | 518                    | 449                       | 86.6                            |
| Patcham (Mixed) ... ..                     | 447                    | 403                       | 90.1                            |
| Queen's Park (Mixed) ... ..                | 404                    | 357                       | 88.4                            |
| St. Luke's Boys' ... ..                    | 150                    | 131                       | 87.4                            |
| Stanmer Mixed ... ..                       | 754                    | 679                       | 90.0                            |
| Whitehawk Boys' ... ..                     | 306                    | 253                       | 82.6                            |
| Whitehawk Girls' ... ..                    | 287                    | 260                       | 90.5                            |
| Secondary Technical School ... ..          | 258                    | 241                       | 93.0                            |
| <b>COUNTY PRIMARY SCHOOLS</b>              |                        |                           |                                 |
| Balfour Junior Mixed and Infants ...       | 534                    | 482                       | 90.2                            |
| Bevendean Junior Mixed ... ..              | 332                    | 242                       | 90.9                            |
| Bevendean Infants'... ..                   | 219                    | 188                       | 85.8                            |
| Carden Junior Mixed ... ..                 | 415                    | 377                       | 90.8                            |
| Carden Infants' ... ..                     | 221                    | 161                       | 72.9                            |
| Carlton Hill Infants' ... ..               | 181                    | 143                       | 79.2                            |
| Coldean Junior Mixed and Infants ...       | 441                    | 375                       | 85.1                            |
| Coombe Road Junior Mixed and Infants ...   | 315                    | 285                       | 90.6                            |
| Downs Junior Mixed ... ..                  | 473                    | 437                       | 92.4                            |
| Downs Infants' ... ..                      | 249                    | 196                       | 78.6                            |
| Elm Grove Junior Mixed ... ..              | 244                    | 220                       | 90.0                            |
| Elm Grove Infants'... ..                   | 173                    | 132                       | 76.3                            |
| Fairlight Junior Mixed ... ..              | 263                    | 351                       | 95.4                            |
| Fairlight Infants' ... ..                  | 185                    | 174                       | 92.6                            |
| Hertford Road Junior Mixed and Infants     | 229                    | 191                       | 83.3                            |
| Middle Street Junior Mixed and Infants ... | 251                    | 208                       | 82.8                            |
| Moulsecoomb Junior Mixed ... ..            | 662                    | 572                       | 86.0                            |
| Moulsecoomb Infants' ... ..                | 361                    | 265                       | 73.0                            |
| Patcham Junior Mixed ... ..                | 300                    | 280                       | 93.3                            |
| Patcham Infants' ... ..                    | 169                    | 146                       | 86.4                            |
| Queen's Park Infants' ... ..               | 170                    | 149                       | 87.4                            |
| Rudyard Kipling Junior Mixed ... ..        | 478                    | 444                       | 92.8                            |
| Rudyard Kipling Infants'... ..             | 269                    | 208                       | 77.0                            |
| St. Luke's Terrace Junior Mixed ... ..     | 408                    | 378                       | 92.5                            |
| St. Luke's Terrace Infants' ... ..         | 198                    | 168                       | 84.8                            |
| Saltdean Infants' ... ..                   | 148                    | 130                       | 88.0                            |
| Stanford Road Junior Mixed ... ..          | 338                    | 309                       | 91.3                            |
| Stanford Road Infants' ... ..              | 167                    | 135                       | 80.6                            |
| Westdene Junior Mixed and Infants ...      | 275                    | 240                       | 87.8                            |
| Whitehawk Junior Mixed ... ..              | 440                    | 390                       | 88.7                            |
| Whitehawk Infants' ... ..                  | 329                    | 271                       | 85.0                            |
| Woodingdean Junior Mixed and Infants       | 599                    | 528                       | 88.1                            |

| <i>School</i>                                        | <i>No. on register</i> | <i>Average attendance</i> | <i>Percentage of attendance</i> |
|------------------------------------------------------|------------------------|---------------------------|---------------------------------|
| <b>VOLUNTARY PRIMARY SCHOOLS</b>                     |                        |                           |                                 |
| Central Junior Mixed and Infants ...                 | 123                    | 101                       | 82.1                            |
| Rottingdean Junior Mixed and Infants ...             | 227                    | 178                       | 78.5                            |
| St. Bartholomew's Junior Mixed and Infants ... ..    | 132                    | 106                       | 80.1                            |
| St. John's Junior Mixed ... ..                       | 75                     | 72                        | 95.3                            |
| St. John the Baptist Junior Mixed and Infants ... .. | 314                    | 285                       | 90.9                            |
| St. Joseph's Junior Mixed and Infants ...            | 304                    | 274                       | 90.0                            |
| St. Mark's Junior Mixed and Infants ...              | 314                    | 271                       | 86.1                            |
| St. Martin's Junior Mixed and Infants ...            | 127                    | 112                       | 88.0                            |
| St. Mary's Junior Mixed ... ..                       | 109                    | 103                       | 94.5                            |
| St. Mary Magdalen Junior Mixed and Infants ... ..    | 244                    | 207                       | 84.6                            |
| St. Paul's Junior Mixed and Infants ...              | 139                    | 119                       | 85.5                            |
| <i>Day Special School for E.S.N. Children ...</i>    | 194                    | 153                       | 80.0                            |

### SUMMARY

Average number on registers—20,233

Average attendance —17,768

Percentage of attendance —87.8

### MEDICAL INSPECTION AND TREATMENT

Year Ending 31st December, 1963

**TABLE II**

*Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)*

Table A—PERIODIC MEDICAL INSPECTIONS

| <i>Age Groups Inspected</i><br><br><i>(By year of birth)</i><br><i>(1)</i> | <i>No. of pupils Inspected</i><br><br><i>(2)</i> | <i>Physical Condition of Pupils Inspected</i> |                                  |                          |                                  |
|----------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|----------------------------------|--------------------------|----------------------------------|
|                                                                            |                                                  | SATISFACTORY                                  |                                  | UNSATISFACTORY           |                                  |
|                                                                            |                                                  | <i>No.</i><br><i>(3)</i>                      | <i>% of Col. 2</i><br><i>(4)</i> | <i>No.</i><br><i>(5)</i> | <i>% of Col. 2</i><br><i>(6)</i> |
| 1959 and later                                                             | 317                                              | 317                                           | 100.00                           | —                        | —                                |
| 1958                                                                       | 1,117                                            | 1,115                                         | 99.82                            | 2                        | 0.18                             |
| 1957                                                                       | 601                                              | 599                                           | 99.67                            | 2                        | 0.33                             |
| 1956                                                                       | 177                                              | 176                                           | 99.44                            | 1                        | 0.56                             |
| 1955                                                                       | 98                                               | 98                                            | 100.00                           | —                        | —                                |
| 1954                                                                       | 98                                               | 98                                            | 100.00                           | —                        | —                                |
| 1953                                                                       | 1,053                                            | 1,051                                         | 99.81                            | 2                        | 0.19                             |
| 1952                                                                       | 619                                              | 618                                           | 99.84                            | 1                        | 0.16                             |
| 1951                                                                       | 141                                              | 140                                           | 99.29                            | 1                        | 0.71                             |
| 1950                                                                       | 83                                               | 83                                            | 100.00                           | —                        | —                                |
| 1949                                                                       | 1,205                                            | 1,204                                         | 99.92                            | 1                        | 0.08                             |
| 1948 and earlier                                                           | 740                                              | 740                                           | 100.00                           | —                        | —                                |
| <b>TOTAL ...</b>                                                           | <b>6,249</b>                                     | <b>6,239</b>                                  | <b>99.84</b>                     | <b>10</b>                | <b>0.16</b>                      |

## B—OTHER INSPECTIONS

|                               |     |     |     |     |     |                   |
|-------------------------------|-----|-----|-----|-----|-----|-------------------|
| Number of Special Inspections | ... | ... | ... | ... | ... | 4,089             |
| Number of re-inspections      | ... | ... | ... | ... | ... | 3,443             |
|                               |     |     |     |     |     | <hr/> 7,532 <hr/> |

The number of children examined at periodic medical inspections was 6,249 against 6,579 in 1962.

The number of re-inspections was 3,443 against 3,743, a decrease of 300, and the number of special inspections was 4,089 against 4,271 in 1962.

The physical condition of the pupils has shown a continuing improvement. In 10 pupils or 0.16 per cent an unsatisfactory physical condition was found compared with 0.28 in 1962.

The continued co-operation and collaboration of the teaching staff is gratefully acknowledged. Without this it would not have been possible to arrange the routine medical inspections.

## Percentage of parents attending Medical Inspections:

|              |     |     |     |     | 1963 | 1962 | 1961 |
|--------------|-----|-----|-----|-----|------|------|------|
| Entrants     | ... | ... | ... | ... | 89.9 | 90.3 | 91.0 |
| Intermediate | ... | ... | ... | ... | 71.5 | 73.7 | 75.0 |
| Leavers      | ... | ... | ... | ... | 27.0 | 24.8 | 26.0 |
| Average      |     |     |     |     | 62.8 | 62.9 | 64.0 |

TABLE III

Table B.—*Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).*

| <i>Age Groups Inspected (by year of birth)</i> | <i>For defective vision (excluding squint)</i> | <i>For any of the other conditions recorded in Part II</i> | <i>Total individual pupils</i> |
|------------------------------------------------|------------------------------------------------|------------------------------------------------------------|--------------------------------|
| (1)                                            | (2)                                            | (3)                                                        | (4)                            |
| 1959 and later                                 | 4                                              | 67                                                         | 70                             |
| 1958                                           | 11                                             | 226                                                        | 230                            |
| 1957                                           | 10                                             | 118                                                        | 122                            |
| 1956                                           | 6                                              | 43                                                         | 45                             |
| 1955                                           | 12                                             | 26                                                         | 30                             |
| 1954                                           | 12                                             | 18                                                         | 27                             |
| 1953                                           | 107                                            | 132                                                        | 215                            |
| 1952                                           | 63                                             | 98                                                         | 143                            |
| 1951                                           | 17                                             | 29                                                         | 41                             |
| 1950                                           | 12                                             | 17                                                         | 25                             |
| 1949                                           | 180                                            | 123                                                        | 281                            |
| 1948 and earlier                               | 108                                            | 61                                                         | 152                            |
| TOTAL ...                                      | 542                                            | 958                                                        | 1,381                          |

The number of individual pupils requiring treatment or under treatment (1,381) has only varied slightly from 1962 (1,382).

The 8.6 per cent of children inspected who were found to require treatment or under treatment for defective vision, compares with 8.1 in 1962.

TABLE IV

*Defects found by medical inspection during the year*

TABLE A.—PERIODIC INSPECTIONS

| <i>Defect or Disease</i> |     |     |     |   | PERIODIC INSPECTIONS |                |               | <i>Total</i> |
|--------------------------|-----|-----|-----|---|----------------------|----------------|---------------|--------------|
|                          |     |     |     |   | <i>Entrants</i>      | <i>Leavers</i> | <i>Others</i> |              |
| Skin                     | ... | ... | ... | T | 29                   | 36             | 51            | 116          |
|                          |     |     |     | O | 18                   | 20             | 17            | 55           |
| Eyes:                    |     |     |     |   |                      |                |               |              |
| (a) Vision               | ... | ... | ... | T | 31                   | 288            | 223           | 542          |
|                          |     |     |     | O | 71                   | 64             | 82            | 217          |
| (b) Squint               | ... | ... | ... | T | 75                   | 22             | 41            | 138          |
|                          |     |     |     | O | 5                    | —              | 4             | 9            |
| (c) Other                | ... | ... | ... | T | 14                   | 11             | 19            | 44           |
|                          |     |     |     | O | 2                    | 1              | 4             | 7            |
| Ears:                    |     |     |     |   |                      |                |               |              |
| (a) Hearing...           | ... | ... | ... | T | 40                   | 22             | 28            | 90           |
|                          |     |     |     | O | 10                   | 3              | 5             | 18           |
| (b) Otitis Media         | ... | ... | ... | T | 6                    | 1              | 1             | 8            |
|                          |     |     |     | O | 12                   | 1              | 4             | 17           |
| (c) Other                | ... | ... | ... | T | 1                    | 1              | 2             | 4            |
|                          |     |     |     | O | 7                    | 1              | 3             | 11           |
| Nose and Throat          | ... | ... | ... | T | 119                  | 16             | 23            | 158          |
|                          |     |     |     | O | 276                  | 10             | 50            | 336          |
| Speech                   | ... | ... | ... | T | 61                   | 8              | 19            | 88           |
|                          |     |     |     | O | 22                   | 3              | 1             | 26           |
| Lymphatic Glands         | ... | ... | ... | T | 3                    | —              | —             | 3            |
|                          |     |     |     | O | 3                    | 1              | 2             | 6            |
| Heart                    | ... | ... | ... | T | 19                   | 6              | 4             | 29           |
|                          |     |     |     | O | 20                   | 14             | 13            | 47           |
| Lungs                    | ... | ... | ... | T | 56                   | 10             | 14            | 80           |
|                          |     |     |     | O | 61                   | 6              | 31            | 98           |
| Developmental:           |     |     |     |   |                      |                |               |              |
| (a) Hernia               | ... | ... | ... | T | 4                    | 1              | 2             | 7            |
|                          |     |     |     | O | —                    | —              | —             | —            |
| (b) Other                | ... | ... | ... | T | 5                    | 1              | 12            | 18           |
|                          |     |     |     | O | 12                   | —              | 11            | 23           |
| Orthopaedic:             |     |     |     |   |                      |                |               |              |
| (a) Posture...           | ... | ... | ... | T | 9                    | 3              | 14            | 26           |
|                          |     |     |     | O | 8                    | 14             | 29            | 51           |
| (b) Feet                 | ... | ... | ... | T | 54                   | 13             | 39            | 106          |
|                          |     |     |     | O | 22                   | 3              | 20            | 45           |
| (c) Other                | ... | ... | ... | T | 21                   | 25             | 28            | 74           |
|                          |     |     |     | O | 10                   | 22             | 16            | 48           |
| Nervous System:          |     |     |     |   |                      |                |               |              |
| (a) Epilepsy             | ... | ... | ... | T | 4                    | 5              | 3             | 12           |
|                          |     |     |     | O | 5                    | 1              | 2             | 8            |
| (b) Other                | ... | ... | ... | T | —                    | 1              | 2             | 3            |
|                          |     |     |     | O | 16                   | 2              | 14            | 32           |
| Psychological:           |     |     |     |   |                      |                |               |              |
| (a) Development          | ... | ... | ... | T | —                    | —              | 3             | 3            |
|                          |     |     |     | O | 7                    | —              | 2             | 9            |
| (b) Stability            | ... | ... | ... | T | 4                    | 5              | 5             | 14           |
|                          |     |     |     | O | 70                   | 11             | 48            | 129          |
| Abdomen                  | ... | ... | ... | T | 9                    | 3              | 8             | 20           |
|                          |     |     |     | O | 10                   | —              | 7             | 17           |
| Other                    | ... | ... | ... | T | 17                   | 7              | 2             | 26           |
|                          |     |     |     | O | 30                   | 17             | 48            | 95           |



TABLE V

*Recorded incidence of certain defects found to require treatment at periodic inspections per 1,000 pupils examined.*

|                                | 1963  | 1962  | 1961  |
|--------------------------------|-------|-------|-------|
| Total children examined ... .. | 6,249 | 6,579 | 6,357 |
| Skin ... ..                    | 18.6  | 15.5  | 17.9  |
| Eyes:                          |       |       |       |
| (a) Vision ... ..              | 86.7  | 81.3  | 78.0  |
| (b) Squint ... ..              | 22.1  | 15.8  | 12.4  |
| (c) Other ... ..               | 7.0   | 3.3   | 4.1   |
| Ears:                          |       |       |       |
| (a) Hearing ... ..             | 14.4  | 7.6   | 6.4   |
| (b) Otitis Media ... ..        | 1.3   | 1.4   | 1.6   |
| (c) Other ... ..               | 0.6   | 1.8   | 0.6   |
| Nose and Throat ... ..         | 25.3  | 28.4  | 27.2  |
| Speech ... ..                  | 14.0  | 12.5  | 13.0  |
| Lymphatic Glands ... ..        | 0.5   | 0.3   | 0.3   |
| Heart ... ..                   | 4.6   | 6.1   | 3.9   |
| Lungs ... ..                   | 12.8  | 11.0  | 6.4   |
| Developmental:                 |       |       |       |
| (a) Hernia ... ..              | 1.1   | 0.3   | 0.6   |
| (b) Other ... ..               | 2.9   | 2.9   | 2.5   |
| Orthopaedic:                   |       |       |       |
| (a) Posture ... ..             | 4.2   | 4.5   | 4.7   |
| (b) Feet ... ..                | 17.0  | 14.0  | 13.7  |
| (c) Other ... ..               | 11.8  | 13.0  | 16.8  |
| Nervous System:                |       |       |       |
| (a) Epilepsy ... ..            | 1.9   | 1.1   | 0.8   |
| (b) Other ... ..               | 0.5   | 0.8   | 0.5   |
| Psychological:                 |       |       |       |
| (a) Development ... ..         | 0.5   | 0.9   | 0.2   |
| (b) Stability ... ..           | 2.2   | 3.5   | 3.0   |
| Abdomen ... ..                 | 3.2   | 2.1   | 1.9   |
| Other ... ..                   | 4.2   | 5.3   | 1.4   |

TABLE VI

*Number of children examined other than at Routine Medical Inspections:*

|                                                                                                            |             |
|------------------------------------------------------------------------------------------------------------|-------------|
| Pupils presented by a teacher or parent for suspected defect:                                              |             |
| In schools ... ..                                                                                          | 34          |
| In clinic ... ..                                                                                           | 851         |
| Other special inspections for mental and physical defects, employ-<br>ments, boarded-out children, etc.... | 3,204       |
|                                                                                                            | <hr/> 4,089 |
| Re-inspection of pupils previously found to have some defect:                                              |             |
| In schools ... ..                                                                                          | 2,341       |
| In clinic ... ..                                                                                           | 1,102       |
|                                                                                                            | <hr/> 3,443 |

TABLE VII

*Central and Branch Clinics*

| Clinic                                                   | Times of Attendance                                                             | Work Undertaken                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Central School Clinic,<br/>Sussex Street:</i>         | Full-time                                                                       | Centre for examination of special cases, ophthalmic, orthopaedic and speech clinics. Consultation, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Welfare appointments. Verminous treatment. |
| <i>Branch Medical Clinics:</i><br>Moulsecoomb School     | Monday mornings<br>Wednesday mornings<br>Thursday afternoons<br>Friday mornings | Minor ailment and inspection clinic (Nurse only).                                                                                                                                                                                                                                                          |
| Whitehawk Child Welfare Centre                           | Friday afternoons                                                               | Minor ailment (Nurse only).                                                                                                                                                                                                                                                                                |
| Patcham Junior School                                    | Alternate Wednesday afternoons                                                  | Minor ailment (Nurse only).                                                                                                                                                                                                                                                                                |
| Carden Junior School                                     | Alternate Wednesday afternoons                                                  | Minor ailment (Nurse only).                                                                                                                                                                                                                                                                                |
| Carden Junior School                                     | Monday, all day                                                                 | Speech Therapy.                                                                                                                                                                                                                                                                                            |
| Whitehawk Infants' School                                | Tuesday, all day                                                                | Speech Therapy.                                                                                                                                                                                                                                                                                            |
| Woodside School                                          | Thursday afternoons                                                             | Speech Therapy.                                                                                                                                                                                                                                                                                            |
| Moulsecoomb School                                       | Wednesday, all day                                                              | Speech Therapy.                                                                                                                                                                                                                                                                                            |
| Balfour C.P. School                                      | Thursday mornings                                                               | Speech Therapy.                                                                                                                                                                                                                                                                                            |
| <i>Branch Dental Clinics:</i><br>Carden Junior School    | Tuesday morning<br>Friday morning                                               | Emergency cases followed by appointments.                                                                                                                                                                                                                                                                  |
| Moulsecoomb School                                       | Mondays and Thursdays mornings or afternoons                                    | Routine treatment by appointment.                                                                                                                                                                                                                                                                          |
| ditto                                                    | Tuesday and Friday mornings                                                     | Emergency cases followed by appointments.                                                                                                                                                                                                                                                                  |
| Whitehawk Child Welfare Centre                           | Monday and Thursday mornings                                                    | Emergency cases followed by appointments.                                                                                                                                                                                                                                                                  |
| <i>Child Guidance Clinic,<br/>15/17 Prince's Street:</i> | Monday, all day<br>Wednesday, all day                                           | Child Guidance.<br>Child Guidance.                                                                                                                                                                                                                                                                         |

## ARRANGEMENTS FOR INSPECTION

*Consultation Clinics:*

851 children made 902 attendances at this clinic as compared with 888 children and 1,010 attendances in 1962.

*Minor Ailment Clinics:*

|                             |     |     |     |     |     |       |
|-----------------------------|-----|-----|-----|-----|-----|-------|
| Number of cases treated     | ... | ... | ... | ... | ... | 1,863 |
| Total number of attendances | ... | ... | ... | ... | ... | 4,829 |

There has been a decrease of 399 cases treated in the Minor Ailment Clinics compared with 1962. The following cases give the various conditions treated:

TABLE VIII

| Condition                                                          | Sussex Street |          |             | Moulsecroomb |          |             | Whitehawk |          |             | Patcham & Carden |          |             |
|--------------------------------------------------------------------|---------------|----------|-------------|--------------|----------|-------------|-----------|----------|-------------|------------------|----------|-------------|
|                                                                    | Cases         | Re-exams | Total atts. | Cases        | Re-exams | Total atts. | Cases     | Re-exams | Total atts. | Cases            | Re-exams | Total atts. |
| External Eye—                                                      |               |          |             |              |          |             |           |          |             |                  |          |             |
| Blepharitis ...                                                    | 14            | 8        | 22          | —            | —        | —           | 2         | 1        | 3           | —                | —        | —           |
| Conjunctivitis                                                     | 91            | 76       | 167         | 22           | 85       | 107         | 12        | 14       | 26          | —                | —        | —           |
| Other...                                                           | 74            | 24       | 98          | 38           | 51       | 89          | 11        | 2        | 13          | —                | —        | —           |
| Ear—                                                               |               |          |             |              |          |             |           |          |             |                  |          |             |
| Earache ...                                                        | 25            | 15       | 40          | 5            | 11       | 16          | —         | —        | —           | —                | —        | —           |
| Otorrhoea ...                                                      | 1             | —        | 1           | 1            | 3        | 4           | 1         | 1        | 2           | —                | —        | —           |
| Deafness ...                                                       | 2             | —        | 2           | 1            | —        | 1           | —         | —        | —           | —                | —        | —           |
| Skin—                                                              |               |          |             |              |          |             |           |          |             |                  |          |             |
| Ringworm—                                                          |               |          |             |              |          |             |           |          |             |                  |          |             |
| Scalp ...                                                          | —             | —        | —           | —            | —        | —           | —         | —        | —           | —                | —        | —           |
| Body ...                                                           | 1             | 1        | 2           | —            | —        | —           | —         | —        | —           | —                | —        | —           |
| Scabies ...                                                        | 8             | 22       | 30          | —            | —        | —           | —         | —        | —           | —                | —        | —           |
| Impetigo ...                                                       | 54            | 179      | 233         | 34           | 235      | 269         | 1         | —        | 1           | —                | —        | —           |
| Other...                                                           | 139           | 82       | 221         | 25           | 16       | 41          | 67        | 20       | 87          | —                | —        | —           |
| Miscellaneous—<br>(e.g., Minor injuries,<br>burns, sores etc.) ... | 806           | 1,125    | 1,931       | 354          | 985      | 1,339       | 64        | 10       | 74          | 10               | —        | 10          |

Detailed analysis of cases attending all minor ailment clinics:

| Condition                                      |     |     |     |     |     |     |     | 1963  | 1962  |
|------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-------|-------|
| External Eye:                                  |     |     |     |     |     |     |     |       |       |
| Blepharitis ...                                | ... | ... | ... | ... | ... | ... | ... | 16    | 32    |
| Conjunctivitis                                 | ... | ... | ... | ... | ... | ... | ... | 125   | 142   |
| Other ...                                      | ... | ... | ... | ... | ... | ... | ... | 123   | 92    |
| Ear:                                           |     |     |     |     |     |     |     |       |       |
| Earache ...                                    | ... | ... | ... | ... | ... | ... | ... | 30    | 21    |
| Otorrhoea ...                                  | ... | ... | ... | ... | ... | ... | ... | 3     | 11    |
| Deafness ...                                   | ... | ... | ... | ... | ... | ... | ... | 3     | 4     |
| Skin:                                          |     |     |     |     |     |     |     |       |       |
| Ringworm—Scalp                                 | ... | ... | ... | ... | ... | ... | ... | nil   | nil   |
| —Body                                          | ... | ... | ... | ... | ... | ... | ... | 1     | 1     |
| Scabies ...                                    | ... | ... | ... | ... | ... | ... | ... | 8     | 6     |
| Impetigo ...                                   | ... | ... | ... | ... | ... | ... | ... | 89    | 109   |
| Other ...                                      | ... | ... | ... | ... | ... | ... | ... | 231   | 147   |
| Miscellaneous:                                 |     |     |     |     |     |     |     |       |       |
| (e.g., Minor injuries, burns, sores, etc.) ... | ... | ... | ... | ... | ... | ... | ... | 1,234 | 1,697 |

The number of children attending for conjunctivitis compared with previous years is as follows:

|          |     |     |     |
|----------|-----|-----|-----|
| 1963 ... | ... | ... | 125 |
| 1962 ... | ... | ... | 142 |
| 1961 ... | ... | ... | 118 |
| 1960 ... | ... | ... | 117 |

The facilities available at the Ophthalmic Clinic have been increased by the co-operation of the Orthoptic Department of the Sussex Eye Hospital who now send a member of their staff to the clinic to examine any cases of suspected squint as soon as possible and advise as to the best form of treatment. This arrangement is working well and helps to increase the already close liaison existing between the hospital and the school eye clinic.

With the increasing use of television and other visual aids in schools, a special watch was kept for environmental factors which might lead to visual defects. No evidence was found that normal use of the eyes could do any harm and no defects were found which could be attributed to this.

|                                                                   | <i>Number of cases<br/>known to have<br/>been dealt with</i> |
|-------------------------------------------------------------------|--------------------------------------------------------------|
| External and other, excluding errors of refraction and squint ... | 264                                                          |
| Errors of refraction (including squint) ... .. .                  | 1,654                                                        |
| Total ...                                                         | 1,918                                                        |
| Number of pupils for whom spectacles were prescribed ...          | 744                                                          |

During the year 125 sessions were held. Total number of cases dealt with was 1,654 (1962—1,661). There were 289 new cases (including squints) (1962—347). Glasses were prescribed for 744 children (1962—764).

|                                                                                             | <i>Number of cases<br/>known to have<br/>been dealt with</i> |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Received operative treatment:                                                               |                                                              |
| (a) for diseases of the ear ... ..                                                          | 28                                                           |
| (b) for adenoids and chronic tonsillitis ... ..                                             | 706                                                          |
| (c) for other nose and throat conditions ... ..                                             | 55                                                           |
| Received other forms of treatment ... ..                                                    | 36                                                           |
| Total ... ..                                                                                | 825                                                          |
| Total number of pupils in schools who are known to have been<br>provided with hearing aids: |                                                              |
| (a) in 1963 ... ..                                                                          | 9                                                            |
| (b) in previous years ... ..                                                                | 15                                                           |

*Cardiac Clinic:*

During the year 20 new cases were referred (18 in 1962). 12 re-examinations were carried out, 7 boys and 5 girls.

**TABLE XI***Types of suspected Heart Defects seen during year*

|                                                           | <i>Infants</i> | <i>Juniors</i> | <i>Seniors</i> | <i>TOTAL</i> |
|-----------------------------------------------------------|----------------|----------------|----------------|--------------|
| Incidental murmur ... ..                                  | 9              | 1              | 8              | 18           |
| Unconfirmed but probably small atrial septal defect... .. | 1              | —              | 1              | 2            |
|                                                           | 10             | 1              | 9              | 20           |

*Nose and Throat Defects:*

557 pupils were examined for conditions relating to their tonsils and adenoids, compared with 583 in 1962. Of this total, 199 were referred to hospital for treatment. The remainder were kept under observation. 706 children received operative treatment for adenoids and chronic tonsillitis. (670 in 1962.)

*Audiometry:*

The following is the result of tests carried out in 1963:

109 children were referred for testing. These cases originated from routine medical inspections at school and from the consultation clinic. Additionally all children referred for speech therapy are now routinely tested.

Of this total:

90 were children whose hearing was found to be normal.

19 children were referred to the Sussex Throat and Ear Hospital for further investigation.

Of the 19 children referred to hospital:

4 children were fitted with hearing aids.

11 children were discharged after treatment.

4 children are still under treatment.

12 children were re-examined during the year, 10 being discharged and 2 remaining under observation.

*Verminous Children:*

In 1963, 565 individual pupils were found to be infested compared with 802 in 1962. There were 1974 instances of infestation

**TABLE XII***Infestation with Vermin*

|                                                                                                                              |         |
|------------------------------------------------------------------------------------------------------------------------------|---------|
| (i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ... ..     | 147,912 |
| (ii) Total number of individual pupils found to be infested ...                                                              | 565     |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... | 61      |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...   | 2       |



**TABLE XVI**  
*Other Treatment Given*

|                                                                                               | <i>Number of cases<br/>known to have<br/>been dealt with</i> |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| (a) Pupils with minor ailments ... ..                                                         | 1,234                                                        |
| (b) Pupils who received convalescent treatment under School Health Service arrangements... .. | —                                                            |
| (c) Pupils who received B.C.G. vaccination ... ..                                             | 1,806                                                        |
| (d) Other than (a), (b) and (c) above—                                                        |                                                              |
| Appendicectomy ... ..                                                                         | 21                                                           |
| Miscellaneous ... ..                                                                          | 63                                                           |
| Total (a-d) ... ..                                                                            | 3,124                                                        |

**TABLE XVII**  
*Handicapped Pupils*

Pupils ascertained during the year requiring education at a special school:

|                                     | 1963 | 1962 |
|-------------------------------------|------|------|
| (a) Blind ... ..                    | 0    | 0    |
| (b) Partially sighted ... ..        | 0    | 1    |
| (c) Deaf ... ..                     | 3    | 2    |
| (d) Partially deaf ... ..           | 0    | 2    |
| (e) Educationally sub-normal ... .. | 40   | 43   |
| (f) Epileptic... ..                 | 0    | 0    |
| (g) Maladjusted ... ..              | 9    | 7    |
| (h) Physically handicapped ... ..   | 0    | 1    |
| (i) Speech ... ..                   | 0    | 0    |
| (j) Delicate ... ..                 | 10   | 15   |

- (e) Two children were recommended for special educational treatment as educationally sub-normal pupils at ordinary schools, and two children previously ascertained attending ordinary schools were recommended for transfer to a day special school.
- (f) One child suffering from epilepsy was recommended to remain at an ordinary school with modifications of schooling, and one child was recommended to receive tuition at home pending further investigations.
- (h) One physically handicapped child was recommended for tuition at home and two children were recommended to attend the Preston Special Class. One child attending the Woodside Day Special School was transferred to the Preston Special Class, and one child at an ordinary school was also transferred to the Class.
- (j) One child ascertained as delicate was recommended to remain at an ordinary school with modifications of schooling.

In order that the Authority may place its handicapped children to the maximum advantage, it is important that periodic assessments of the child's condition should take place at intervals of not more than one year. To make such assessments effective it is important to have all reports available to the examining medical officer especially from the school.

Preston Special Class is an extension of the Home Tuition Service, whereby children with physical handicaps of such severity as to preclude them from ordinary schools are brought together to receive conventional education

combined with the advantages and benefits of school community life. The class is run as an independent establishment under the guidance of one teacher experienced in dealing with physically handicapped children.

Eighteen children attend the Class, their ages varying from five to fourteen years. Their disabilities may be classified thus:

*Defects of the cardio-vascular system:*

|                                 |   |
|---------------------------------|---|
| Congenital Heart Disease ... .. | 3 |
| Rheumatic Heart Disease ... ..  | 1 |

*Defects of the central nervous system:*

|                      |   |
|----------------------|---|
| Cerebral Palsy... .. | 4 |
| Spina Bifida ... ..  | 1 |

*Defects of the skeletal system:*

|                                    |   |
|------------------------------------|---|
| Bone Diseases ... ..               | 4 |
| Muscular Dystrophy ... ..          | 2 |
| Congenital Dislocation Hips ... .. | 2 |

One boy without physical defect was placed in the Class on the advice of the Child Psychiatrist.

In addition to the usual school curriculum, emphasis is placed on handicrafts so that each child may have the opportunity to develop his manual abilities.

Transport is provided to and from school for every child. Many attend the Children's Hospital for physiotherapy, although simple exercises are carried out by the teacher.

**TABLE XVIII**

*Handicapped Children maintained by the Brighton Education Committee in Residential Special Schools as at 31st December, 1963.*

| NAME OF SCHOOL                | Blind | Partially Sighted | Deaf | Partially Deaf | Educationally Sub-Normal | Maladjusted | Delicate | Physically Handicapped | Speech Defects | Epileptic | Total |
|-------------------------------|-------|-------------------|------|----------------|--------------------------|-------------|----------|------------------------|----------------|-----------|-------|
| (a) RECOGNISED SCHOOLS:       | 2     | 11                | —    | 9              | 12                       | 1           | 10       | 2                      | —              | 1         | 48    |
| (b) INDEPENDENT SCHOOLS       | —     | —                 | 13   | —              | 1                        | 13          | —        | —                      | —              | —         | 27    |
| (c) RECOGNISED BOARDING HOMES | —     | —                 | —    | —              | —                        | —           | 2        | —                      | —              | —         | 2     |
| TOTALS ... ..                 | 2     | 11                | 13   | 9              | 13                       | 14          | 12       | 2                      | —              | 1         | 77    |

NOTE.—This return does not include children in day special or hospital special schools.

*Woodside Day Special School for Educationally Sub-Normal Pupils:*

|                                                                                        | 1963 | 1962 |
|----------------------------------------------------------------------------------------|------|------|
| Admissions ... ..                                                                      | 32   | 48   |
| Discharges ... ..                                                                      | 30   | 37   |
| School leaving age ... ..                                                              | 15   |      |
| Withdrawn and admitted to independent school                                           | 2    |      |
| Removed to another district ... ..                                                     | 5    |      |
| Notified to Local Health Authority as being incapable of receiving education at school | 4    |      |
| Transferred to residential special school...                                           | 4    |      |
| The number on the roll of the school in December 1963                                  | 194  | 187  |

During 1963 reports were issued to the Local Health Authority under Section 57(4) of the Education Act 1944 regarding 14 children who were found unsuitable for education at school.

Information was passed to the Local Health Authority about the 13 educationally sub-normal children who, in the opinion of the Committee, required supervision after leaving school.

A case conference was held during the autumn term at Woodside School attended by the Deputy Principal School Medical Officer, Senior School Medical Officer, Senior Assistant Medical Officer, Youth Employment Officer, Educational Psychologist, Chief Administrative Mental Welfare Officer, Administrative Assistant, Education Welfare Officer and Headmaster.

Prior to the meeting a report on each school-leaver was circulated by the headmaster to those attending the conference. Each case was discussed, particular emphasis being placed on those children where problems of assimilation into the life of the community presented the greatest difficulty.

It was decided that the Welfare Officers of the Education Department would maintain friendly contact with those school leavers who were not notified to the Mental Health Section of the Health Department. Those leavers notified to the Mental Health Service were offered community care and supervision by a Mental Welfare Officer: to increase the informality of the arrangements the Education Welfare Office responsible for the child would introduce to the family the Mental Welfare Officer taking over the supervision of the child.

The main aim of the conference is to help the school leaver to bridge the gap between school and employment.

It was decided to introduce as part of the routine medical inspection of each Woodside child routine screening to exclude phenylketonuria. This is a metabolic disorder which in its most severe form causes mental defect: in an incomplete form it may cause educational retardation. No cases of this condition were discovered.

This routine screening for phenylketonuria is now part of the routine ascertainment examination for all children being considered for Woodside.

**TABLE XIX**  
*Child Guidance Treatment*

|                                                                                          | <i>Number of cases known to have been treated</i> |
|------------------------------------------------------------------------------------------|---------------------------------------------------|
| Pupils treated at Child Guidance Clinics under arrangements made by the authority ... .. | 180                                               |

### ORTHOPAEDIC CLINIC

Once again, it is good to record the excellent work done here. Perhaps it might be useful to highlight the importance of the work done in connection with injury to the joints. It is important that proper treatment should be given as early as possible to prevent stiffness. We tend to exaggerate the importance of fractures as against such injuries which are often regarded as trivial but can leave the joint function permanently impaired.

**TABLE XX**  
*Orthopaedic and Postural Defects*

|     |                                                        |     |     | <i>Number of cases<br/>known to have<br/>been treated</i> |
|-----|--------------------------------------------------------|-----|-----|-----------------------------------------------------------|
| (a) | Pupils treated at clinics or out-patients' departments | ... | ... | 711                                                       |
| (b) | Pupils treated at schools for postural defects         | ... | ... | 7                                                         |
|     | Total                                                  | ... | ... | 718                                                       |

### SPEECH THERAPY

Until July of this year, when Miss J. Faulkner resigned her appointment, sessions were held as usual at the Sussex Street School Clinic and various branch clinics. Miss S. Barnard was appointed as senior speech therapist at the beginning of September and plans were made to appoint a third therapist as soon as possible.

The present timetables are as follows:

*Miss R. Woodward*

|      | <i>Monday</i> | <i>Tuesday</i>           | <i>Wednesday</i>          | <i>Thursday</i> | <i>Friday</i>                                 |
|------|---------------|--------------------------|---------------------------|-----------------|-----------------------------------------------|
| A.M. | Sussex Street | Whitehawk<br>C.P. School | Moulsecomb<br>C.P. School | Sussex Street   | Sussex Street<br><br>Preston<br>Special Class |
| P.M. | Sussex Street | Whitehawk<br>C.P. School | Moulsecomb<br>C.P. School | Sussex Street   | Sussex Street                                 |

*Miss S. Barnard*

|      | <i>Monday</i>         | <i>Tuesday</i> | <i>Wednesday</i> | <i>Thursday</i>           | <i>Friday</i> |
|------|-----------------------|----------------|------------------|---------------------------|---------------|
| A.M. | Carden<br>C.P. School | Sussex Street  | Sussex Street    | Balfour<br>C.P. School    | Sussex Street |
| P.M. | Carden C.P.           | Sussex Street  | Sussex Street    | Woodside<br>E.S.N. School | Sussex Street |

Several visits were made during the latter part of the year to centres of special interest, such as: the Remedial Education Centre, Coldean Training Centre, and the White House and Tarnerland Nursery Schools—and members of the staff were invited to visit the speech clinic.

It is hoped to extend the speech therapy service in the future. An extra session has already been given to Carden CP School, and another is needed at Woodside ESN School. With the help of a third speech therapist, a new branch clinic in the Woodingdean area may be opened and the waiting list should be shortened considerably. (Although the time-lapse between referral of cases and their admission for treatment has decreased slightly, as has the number of children on the waiting list, this still remains a serious problem.)

Accommodation, however, constitutes a problem also, particularly during school holidays.

|                                                               | 1963 | 1962 |
|---------------------------------------------------------------|------|------|
| Number of children seen ... ..                                | 484  | 466  |
| Number of new patients ... ..                                 | 145  | 150  |
| Total number of attendances ... ..                            | 4743 | 3908 |
| Number on waiting list ... ..                                 | 89   | 124  |
| Number discharged ... ..                                      | 136  | 149  |
| Discharged cured ... ..                                       | 90   | 93   |
| Own discharge (ceased attending, or treatment refused) ... .. | 28   | 19   |
| Left district or school... ..                                 | 18   | 34   |
| <i>Types of case seen during the year:</i>                    |      |      |
| Dyslalia... ..                                                | 248  | 230  |
| Sigmatism ... ..                                              | 127  | 109  |
| Stammer ... ..                                                | 72   | 87   |
| Cleft palate and nasal speech ... ..                          | 10   | 10   |
| Other defects ... ..                                          | 27   | 30   |

### DENTAL REPORT 1963

During the year ending 31st December 1963, Mr. Brian West working as a part-time dental officer left us in February, bringing the operating staff down to four dentists. Mr. E. G. A. Lightfoot relinquished his post as Principal School Dental Officer in July, leaving three dentists until I commenced my appointment on 1st November. Since August the department has been understaffed in Dental Surgery Assistants and great difficulty has been encountered in finding suitable candidates to appoint to the vacancies. At the present time we are short of two dental surgery assistants and every effort is being made to fill the vacancies.

From our figures for the year there is a two per cent drop in the number of children referred for treatment. This I believe can be attributed to the efforts of the General Dental Service Dentists and the School Dental Service Dentists, in their treatment of the school child. There does not appear to be any significant lessening in the incidence of dental decay among Brighton schoolchildren, in fact the only areas in the country where there have been appreciable drops in decay incidence have been in the areas where the fluoride in the drinking water has been raised to one part per million.

It is true to say that the majority of Brighton schoolchildren receive regular dental attention. There still remains however the children, whose parents only seek dental treatment for them when they are in pain. The dental department will use all means in its power to encourage these parents to allow their children the enormous benefits to be derived from regular conservative dental treatment.

An important part of our work is the inspection and treatment of the pre-school child, and efforts will be made during the coming year to increase this side of our work. It would be ideal if all children could have their first visit to the dentist as soon as their milk teeth are erupted, and before the ravages of dental decay have started. This would give us an opportunity to make friends with the children and to educate them into becoming good dental patients. Too often, even today, our first meeting with the child is when he is in pain.

Dental Health Education must play an ever increasing part in the work of the department. Avoidance of sticky snacks between meals and regular tooth brushing can lead to a reduction of dental decay, most people know this, but how many people practise it or teach their children to practise it? It is by Dental Health Education that we must try to instil into children and parents that all our teeth were once good naturally sound teeth, neglect has brought about the gaps in our mouths and the teeth where it is difficult to see the tooth for fillings. It is hoped that during the coming year we may have a major

Dental Health Campaign lasting for a month when an intensive effort will be made to inform the whole population of Brighton about Dental Health and how to obtain and maintain it.

The School Dental Officers inspected 21,244 schoolchildren, 7,108 were offered treatment, 2,656 were treated and 7,638 attendances were made by these children. It is also pleasing to note that 12.5 permanent teeth were filled to each one extracted. 12 children were supplied with dentures and 38 children referred for specialist orthodontic treatment.

The Dental Department would like to thank headteachers and their staffs for their co-operation during the year.

*Dental Inspection and Treatment carried out by the Authority*

|    |                                                               |     |        |
|----|---------------------------------------------------------------|-----|--------|
| 1  | Number of pupils inspected by the Authority's Dental Officers | ... | 21,244 |
| 2  | Number found to require treatment                             | ... | 12,068 |
| 3  | Number offered treatment                                      | ... | 7,108  |
| 4  | Number actually treated                                       | ... | 2,656  |
| 5  | Number of attendances made by pupils for treatment            | ... | 7,638  |
| 6  | Sessions devoted to school inspections                        | ... | 123    |
| 7  | Sessions devoted to treatment                                 | ... | 1,245  |
| 8  | Fillings—Permanent teeth, 4,407                               | ... | 6,176  |
|    | Fillings—Temporary teeth, 1,769                               | ... |        |
| 9  | Teeth filled—Permanent teeth, 3,766                           | ... | 5,408  |
|    | Teeth filled—Temporary teeth, 1,642                           | ... |        |
| 10 | Extractions—Permanent teeth, 301                              | ... | 2,224  |
|    | Extractions—Temporary teeth, 1,923                            | ... |        |
| 11 | Number of General Anaesthetics administered                   | ... | 600    |
| 12 | Pupils supplied with dentures                                 | ... | 12     |
| 13 | Other operations                                              | ... | 2,669  |

**NOTES FROM THE ANNUAL REPORTS OF THE  
SCHOOL MEDICAL OFFICERS**

DR. L. B. PETERS, Senior School Medical Officer:

The work of the School Health Service in Brighton has recently been expanded in scope by the carrying out of new projects in the detection of hearing loss, and I have been responsible for the "follow-up" of cases detected by the pilot survey in schools. The results are fully documented elsewhere in this report.

In any new project the criterion of success can often be divided into two categories, general impression and statistical analysis. The latter can be subjected to exact computation but it is the former which really determines the success in the mind of the operator. One's approach to the matter in hand and one's personal interest taken in the problem posed are vital factors. Those who have a class of severely deaf children realize their extreme difficulties socially and educationally. It is said that those who are deaf to the extent of hearing through a "half open door" possibly represent an even more serious problem psychologically and socially than the people who are so deaf as to be unable to hear anything of what goes on around them. Personal relations tend to be at hazard and life can be very difficult. Blind people tend to project themselves into the world but deaf people tend to creep into a corner and shut themselves off from the world. The importance of explaining this to people concerned with children cannot be overstressed and here one must always place the home first though obviously the school is also very important as learning can be seriously affected.

In connection with the problem of "school phobia" the tendency of schools especially senior schools to become larger must be viewed with some concern. In the past we have been able to help such children by removing them from a

large establishment into one catering for very much smaller numbers. It is also interesting that among such children girls find it much easier in a school exclusively for their own sex.

DR. L. D. WILLIAMS:

The improved environment of the schoolchild has produced a more precocious person. This is evident by their eagerness to enter into conversation.

The much discussed aspect of controlled television must have played its part in this direction in recent years which leaves me not adverse to its inclusion in the ordinary school curriculum.

DR. MARY C. PRICE:

Medical examinations have gone very smoothly throughout the year.

On the whole the state of general health of schoolchildren is extremely good.

### ROAD ACCIDENTS TO SCHOOLCHILDREN

The Chief Constable has kindly made the following data available to me for the year 1963.

| <i>Under<br/>15 years</i> | <i>Killed</i> | <i>Seriously<br/>Injured</i> | <i>Slightly<br/>Injured</i> | <i>Total</i> |
|---------------------------|---------------|------------------------------|-----------------------------|--------------|
| January                   | —             | —                            | 3                           | 3            |
| February                  | —             | 2                            | 4                           | 6            |
| March                     | —             | 3                            | 6                           | 9            |
| April                     | —             | 5                            | 5                           | 10           |
| May                       | —             | 1                            | 10                          | 11           |
| June                      | —             | 4                            | 12                          | 16           |
| July                      | —             | 3                            | 7                           | 10           |
| August                    | —             | 4                            | 14                          | 18           |
| September                 | —             | 9                            | 12                          | 21           |
| October                   | —             | 4                            | 7                           | 11           |
| November                  | —             | 2                            | 10                          | 12           |
| December                  | —             | 2                            | 5                           | 7            |
| TOTAL                     | —             | 39                           | 95                          | 134          |

### NUTRITION

#### *Meals and Milk:*

The numbers of children receiving mid-day dinners and milk at maintained schools on selected dates were as under:

| <i>Date</i>          | <i>Number of<br/>dinners</i> | <i><math>\frac{1}{3}</math> pints<br/>milk</i> | <i>Number of<br/>children<br/>at school</i> | <i>% of<br/>children<br/>having<br/>dinners</i> |
|----------------------|------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| October, 1962 ... .. | 10,716                       | 16,550                                         | 19,849                                      | 53.98                                           |
| October, 1963 ... .. | 11,168                       | 16,912                                         | 19,777                                      | 56.46                                           |

The number of children receiving milk at non-maintained schools in October 1963 was 3,549 (4,251 children in school) compared with 3,658 and 4,365 respectively in October 1962.

The total number of school meals served during 1962/3 was 2,183,809 compared with 2,123,903 during 1961/62.

In December 1963 meals were being cooked at 33 Brighton schools and at one central kitchen.

## HEALTH EDUCATION IN SCHOOLS

Following the pattern of previous years Health Education in Schools has been given chiefly through the medium of talks on general child care to fourth year girls, aged 14-15, five Secondary Modern Schools participating.

In three selected schools, Stanmer, Queen's Park and Moulsecomb Secondary, as in 1962, talks on 'Personal Relationships' were included as a preliminary to the Child Care courses, parents again circularised, invited to a meeting to discuss the syllabus and offered a series of talks similar to those given to their children. Meetings were not well attended but parents readily gave written permission for their children's inclusion in the class talks.

Other fields of activity included lectures, and examinations in Home Nursing and First Aid, chiefly in connection with training for the Service Section of the Duke of Edinburgh awards.

Teaching periods, each of 40 minutes, for 1963 were as follows:

|                     | <i>Miss Webber</i>                                 | <i>Mrs. Aston</i> | <i>Mrs. Loweth</i> |
|---------------------|----------------------------------------------------|-------------------|--------------------|
| Child Care ... ..   | 315<br>(including talks on personal relationships) | 46                | 52                 |
| Home Nursing ... .. | 12                                                 | 1                 | 7                  |
| Other... ..         | 5                                                  | —                 | —                  |
|                     | 332                                                | 47                | 59                 |

### Mothercraft

#### *Aim of the talks*

This course is designed to help the developing child to understand its emotional needs in relation to growing up and becoming a citizen and parent. (Photograph of class follows.)

The importance of accepting responsibility in one's relations with other people is stressed throughout the course. Some parents and children find great difficulty in discussing these points in the family circle and such a course of instruction can overcome this, but the parent must of course give permission for the child to have this instruction. In presenting the talks due weight is given to social, religious and ethical beliefs of the participants. Great stress is laid on the need for stable family life, with the mature approach to the problems of a happy and healthy marriage.

#### *Syllabus*

##### 1. *Human Relationships*

- (a) Mental and physical health and emotional stability of the individual.
- (b) Marriage as a vocation: stability of family life.
- (c) Good mothercraft: healthy children of prime importance to the nation.
- (d) Risks of early marriage.
- (e) Promiscuity: great risk of contracting V.D. and its potentially disastrous effects on mother and child.

- (f) Problems of adolescence.
- 2. The anatomy and physiology of the reproductive system.
- 3. Genetics.
- 4. Statutory social services for the family.
- 5. Birth of the baby, using simple diagrammatic presentation.
- 6. Mothercraft course, leading to examination in the syllabus:
  - (a) First term—care of the baby from birth to one year.
  - (b) Second term—one to two and two to five-year-old: general child care.

## HEARING SURVEY—MARCH/APRIL 1963

*Nature of the Pilot Survey*

The purpose of the survey was to assess the magnitude of the problem of hearing impairment amongst children in ordinary schools in Brighton.

Pupils were given a screening test of hearing and those failing at two or more frequencies received a pure tone threshold audiometric test to determine the extent of the hearing loss.

*Technique of Sampling*

The following seven schools were chosen as representative of those within the County Borough:

Balfour Junior Mixed and Infants.  
 Bevendean Junior Mixed.  
 Bevendean Infants.  
 Carden Junior Mixed.  
 Junior Infants.  
 Moulsecoomb Junior Mixed.  
 Moulsecoomb Infants.

Pupils in the age range  $5\frac{1}{2}$  to 9 years were submitted from all educational streams so that bright, average and below average were included; no attempt was made at selection.

*Pure Tone Screening Test*

This was carried out with an Amplivox Model 51 transistorised portable audiometer which had been recalibrated to the British standard immediately prior to the survey.

Each ear was tested separately using tones of five separate frequencies—500, 1,000, 2,000, 4,000 and 6,000 cycles per second, at an intensity of 20 decibels. However, owing to the problem of noise from various sources, the test at 500 cps. proved unsatisfactory and results were assessed on the remaining four tones. Failure to respond at any of these frequencies in either ear constituted a failure of the screening test.

Those children who failed to pass the screening test were given a pure tone threshold audiometric test recorded as an audiogram.

The examination rate was approximately 70 pupils per day.

*Results of the Screening Test at 20 Decibels*

TABLE I

| <i>School</i>                    | <i>Number of Pupils<br/>Tested</i> |     | <i>% Failures</i> |
|----------------------------------|------------------------------------|-----|-------------------|
| Balfour Junior and Infants... .. | 198                                | 53  | 27%               |
| Bevendean Junior ... ..          | 76                                 | 19  | 25%               |
| Bevendean Infants ... ..         | 122                                | 39  | 32%               |
| Carden Junior ... ..             | 83                                 | 28  | 34%               |
| Carden Infants ... ..            | 67                                 | 17  | 26%               |
| Moulsecoomb Junior... ..         | 78                                 | 17  | 22%               |
| Moulsecoomb Infants ... ..       | 91                                 | 18  | 20%               |
| TOTAL ... ..                     | 715                                | 191 | 27%               |

### *The Pure Tone Threshold Audiometric Test*

For accurate and reliable results it is really necessary to use a room constructed to exclude environmental noise as well as sounds transmitted from the rest of the building. In the absence of such facilities the test ranging over a limited range of frequencies was carried out in the schoolroom provided. Teachers were most helpful in minimising the noise from classroom activities. Noise conditions varied from school to school, but seldom exceeded 50 decibels so that screening was carried out without much difficulty.

All children who appeared unable to complete this test should be re-tested in more suitable surroundings.

### *Results of the Pure Tone Threshold Test*

Only a full audiological examination will ascertain the underlying cause of a child's hearing defect and pure tone threshold audiometry is but a part of such examination. However a great deal can be learned from carrying out these tests.

The most important assessment is of the child's ability to hear and understand speech in the everyday situations of the home and the classroom. Some indication of this can be obtained from the audiogram as there is a high correlation between the average loss at the so-called speech frequencies of 500, 1,000 and 2,000 cycles per second, and the average loss of hearing for the principal sounds of speech. The loss for speech can thus be predicted from the summation of the decibel losses at these three frequencies divided by three. The calculation is made for each ear separately and in Table 2 is a summary of the results.

TABLE 2

|                                                                                       | <i>Number</i> | <i>% of those tested</i> |
|---------------------------------------------------------------------------------------|---------------|--------------------------|
| Children receiving the sweep test ... ..                                              | 715           |                          |
| Children failing the sweep test ... ..                                                | 191           | 27%                      |
| Children with an average loss over the speech frequency range of 20 decibels or more: |               |                          |
| in one ear ... ..                                                                     | 34            | 4.5%                     |
| in both ears ... ..                                                                   | 40            | 5.5%                     |
|                                                                                       | 74            | 10%                      |

Table 3 is a further analysis of the 74 children having an average loss over the speech frequency range of 20 decibels or more.

TABLE 3

Average loss in decibels for the speech frequencies:

|                                     | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50+ |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-----|
| Number with loss in one ear ... ..  | 6     | 14    | 6     | 3     | 2     | —     | 3   |
| Number with loss in both ears... .. | 18    | 12    | 3     | 2     | 3     | 2     | —   |

Considerable difficulty in comparing results of different investigations arises as criteria of defects and methods of testing and standard of testing show considerable variation from Authority to Authority.

### *Suggestions for the Disposal of Cases*

1. An average loss in the speech frequency range of 20 decibels or more warrants further investigation, preferably by an otologist.

2. A hearing loss of 20 to 30 decibels in both ears is likely to lead to some educational difficulty. The child should be given a seat in the front of the class and the teacher's understanding of the child's handicap will enable more intensive teaching to be given. The defect is not severe enough to warrant a hearing aid.

3. A hearing loss of 30 decibels or more in both ears is a significant loss, and whilst the child may under the best listening conditions hear and understand simple words under normal school conditions some consonants may not be heard or heard imperfectly. If the defect is long standing speech may be defective.

Most children with this degree of hearing loss can manage in an ordinary school, provided that the teachers are aware of the difficulty and auxiliary help in auditory training, lip-reading and speech therapy are available. Some will require a hearing aid. In these cases careful and sympathetic instruction must be given to the child, the parents and the teacher by a person qualified to advise on the education of the deaf.

It may be worth while making further comment on this group of children along the lines of Dr. Mary Sheridan's remarks in her book entitled *The Child's Hearing for Speech*:

'These children provide the most serious educational problem. Their hearing loss is sufficient to prevent them from following the ordinary school curriculum with ease, but they are not deaf enough to send to a special school where the pace is necessarily slowed down. Their speech is often defective, their general state is unhappy and misunderstood. Those who are naturally quick at lip-reading . . . will struggle somehow to keep up with the class, although the effort involved may be enormous; but the less skilful and the less intelligent will gradually "lose touch" and will either subside into apathy, inattention and "laziness", or if they are naturally active children they will become distractingly restless and noisy'.

4. Children who failed the screening test but proved to have only a minor hearing loss should be re-tested after a few months to check that the defect is not permanent or progressive.

### *Co-operation of the Teaching Staff*

I should like to thank the headteachers and their staffs for the great interest and helpful co-operation shown to me during this survey.

At each school during the lunch hour a demonstration was given of the screening technique and hearing problems of individual children were discussed. The teachers were able to take advantage of the opportunity to observe children from their classes receiving the tests.

In most cases where deafness was discovered the teachers were previously quite unaware of the fact: this information facilitated the understanding of various behaviour traits such as apathy, dullness, inattention, excitability, timidity and daydreaming.

A few children suspected by the teachers of having hearing defects were also tested and from 15 so chosen 7 failed the screening test and 5 had substantial hearing losses. The results of these cases are *not* included in the general survey figures.

Of the names of schoolchildren put forward by the headteachers, 64 were absent at the time of testing (9 per cent). It is likely that the incidence of hearing defects in this group is higher than that of the general school population, as much of the absenteeism is probably due to upper respiratory infection.

## VISION SURVEY—MAY/JUNE 1963

| <i>Age Group</i> | <i>No. seen</i> |              | <i>Defects found</i> |              | <i>Date of last Examination</i>                |
|------------------|-----------------|--------------|----------------------|--------------|------------------------------------------------|
|                  | <i>Boys</i>     | <i>Girls</i> | <i>Boys</i>          | <i>Girls</i> |                                                |
| 11+              | 67              | 91           | 1                    | 1            | 1—not known<br>1—July 1961                     |
| 12+              | 310             | 271          | 9                    | 8            | 1—1955<br>4—1960<br>5—1961<br>6—1962<br>1—1963 |
| 13+              | 293             | 187          | 11                   | 6            | 1—1955<br>1—1960<br>5—1961<br>8—1962<br>2—1963 |
| 14+              | 98              | 145          | —                    | 1            | 1—1962                                         |
| 15+              | 12              | 12           | —                    | —            | —                                              |

|                         |     |     |       |     |                                   |          |     |    |       |     |    |
|-------------------------|-----|-----|-------|-----|-----------------------------------|----------|-----|----|-------|-----|----|
| <i>Total No. Tested</i> |     |     |       |     | <i>Total No. of Defects Found</i> |          |     |    |       |     |    |
| Boys                    | ... | 780 | Girls | ... | 706                               | Boys     | ... | 21 | Girls | ... | 16 |
| TOTAL—1486              |     |     |       |     |                                   | TOTAL—37 |     |    |       |     |    |

=24.9 per 1000

## SELECTIVE MEDICAL EXAMINATION

Over the past few years experiments in the School Health Service have been given encouragement by the Ministry of Education and in particular the idea of varying the procedure of rigidly examining all children at given ages in their school life.

It has been suggested that having had an entrant's examination the use of a questionnaire could avoid examining large numbers of children in the intermediate age group, who were in a good state of health. The questionnaire would also help to pinpoint the respects in which the children's condition was defective. This, in addition to any children who gave cause for anxiety in the mind of the parents, Health Visitors, or the teaching staff, was the basis of finding the children who required a medical examination.

A relatively small school was selected for this new venture. It has common infants' and junior departments so that the teaching staff had a good opportunity of comparing notes on children as they progress through the school.

### EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

W. S. PARKER,

*Principal School Medical Officer*

#### Selective Medical Examination

Name of child..... Date of birth.....

Address.....

Family doctor.....

It has been decided that a new kind of medical supervision will be introduced in your child's school with the idea of giving a better and more efficient service. It is to be hoped that you will complete and return this form to the school. All information given will be treated as confidential.

If you do not wish the form to be seen by the headteacher, please mark the envelope 'Confidential', in which case it will be opened only by the School Doctor.

*Senior School Medical Officer*

**CONFIDENTIAL**

| Has your child had:                      |        | <u>Year</u> |
|------------------------------------------|--------|-------------|
| Whooping-Cough                           | Yes/No | .....       |
| Measles                                  | Yes/No | .....       |
| Mumps                                    | Yes/No | .....       |
| Chicken-Pox                              | Yes/No | .....       |
| German Measles                           | Yes/No | .....       |
| Any serious illness                      | Yes/No | .....       |
| (If answer is Yes, please state illness) | .....  |             |

| Has your child:                                | <u>Year</u>  | <u>Remarks</u> |
|------------------------------------------------|--------------|----------------|
| been vaccinated against Smallpox               | Yes/No ..... |                |
| been immunised against Diphtheria              | Yes/No ..... |                |
| received a reinforcing dose against Diphtheria | Yes/No ..... |                |
| been immunised against Poliomylitis            | Yes/No ..... |                |
| been immunised against Tuberculosis            | Yes/No ..... |                |

| Does your child suffer from:                             | <u>Remarks</u> |
|----------------------------------------------------------|----------------|
| Headaches or Tired Eyes after reading                    | Yes/No         |
| Sore Throats                                             | Yes/No         |
| Chest Trouble                                            | Yes/No         |
| Bed Wetting (Enuresis)                                   | Yes/No         |
| Running Ears                                             | Yes/No         |
| Does your child have good hearing?                       | Yes/No         |
| Has your child had his/her Tonsils and Adenoids removed? | Yes/No         |

| Have any members of the family or near relatives, to your knowledge, suffered from: | <u>Remarks</u> |
|-------------------------------------------------------------------------------------|----------------|
| Tuberculosis                                                                        | Yes/No         |
| Rheumatic Fever                                                                     | Yes/No         |
| Epilepsy                                                                            | Yes/No         |
| Deafness, mild or severe                                                            | Yes/No         |

Remarks

Are you pleased with your child's physical development?

Are you pleased with your child's progress at school?

Are there any important events in your child's life which you feel should be brought to the attention of the headteacher or school doctor?

If none, state None in Remarks column

Date..... Signed.....









